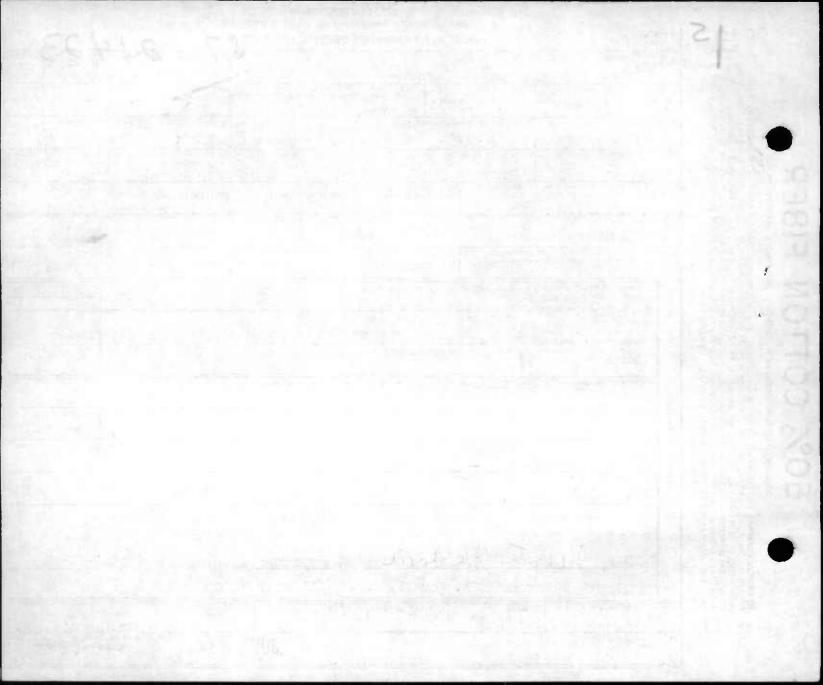
STATE OF MARYLAND

	b -	RES STRAR				CE	RTIFICATI	E OF DEATH			ALG TO		21	47
* 10		CEASED NAME	FIRST		WIDDIE		LAST	100	20.	ATE OF	DEATH A	AONTH D	AT YEAR	26 но
deoth	TIPPE	OR PRINT)	WILL	IAM	HENE		BELI			uly		198		5:30F
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DIVIS	WARTIN WARDED AGE 3 STATE DEP	MEDI	214 INJURY OF WHILE AT WORK	NOT WHILE AT WORK	21e PLACE O STREET, EACTO hou	FINJURY (AT HOME, DRY, FARM, ETC.) ISE	S	CATION TREET Valley Driv	ve, Lexi	city or town	·k,	county	ryland
•	CAL EXAMINER: THE CERTIFICATE SHOULD BE FORW RAI DIRECTOR: RATH WITH THE S RE. MARKLAND.		22a I certify death resulted ACTUAL SIGNATURE_		rge of the remains desc ural couses ,		Autops vicide	y A, Inspect Homicide TITLE (SPECIFY) D.Assistan	Undeter	Inquiry ,	<u> </u>	ATE GNED 7-13-8	37
	O MEDICAL KECUTE THE AGE 4 SHOO O FUNERAL BITER DEATH		EXAMINER'S N	IAME N	Margarita A	. Korell,	M.D.	111 Pen	n Stre	eet			
07/84	BP 668	(5	Buri		7-15-87	Charles Garden	METERY OF MME	crematory	Leo			COUNTY .Mary's	STATE MD.
25M	DHMH - 17 (VR A15 ME (5))	24 FU	INERAL DIRECT NAME Clark		address inglev.Le	eonardtow	n MD	25a. DAJ	SEC.D BAT	1987	REGISTRAR	S SIGNATURE	



STATE OF MARYLAND FOR ' DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR 26 HOUR MIDDLE 20. DATE OF DEATH YEAR I. DECEASED NAME FIRST 30 onnie 87 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR 3 SEX 4 RACE 5. DATE OF BIRTH MONTH YEAR BIK 1890 10 TO BIRTHPLACE (STATE OF FOREIGN 76 CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Winnsboro S. Carolino WIDOWED DIVORCED [10 CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 126 KIND OF BUSINESS OR TYPE OF WORK FOR MOST OF WORKING LIFE! harlotte Hall Veterans Home USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) 138 STATE 136 COUNTY 136 CITY OR TOWN 13e STREET ADDRESS / ZIP CODE RtC.2 15 MOTHER'S MAIDEN NAME 4 FATHER'S NAME MIDDLE MIDDLE FIRST 160 WAS DECEASED EVER IN U.S. ARMED FORCES? IYES NO OR UNKNOWN) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for 10 , 161, and 1c PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove rise to immediate couse (o), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying cause lost

90 DATE OF OPERATION	196 CONDITION FOR WHICH OPERATION	N WAS PERFORMED	20a AUTOPSY?	206 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?
			YES NO	YES NO
210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER)	216 TIME OF INJURY HOUR A.M. MONTH DAY YEAR P.M. 19	21c. HOW INJURY OCCU	JRRED (ENTER NATURE OF INJU	RY IN ITEM IB PART I OR PART ?)
21d INJURY OCCURRED WHILE NOT WHILE AT WORK	216. PLACE OF INJURY (AT HOME, STREET FACTORY OFFICE, FARM ETC.)	211 LOCATION STREET	CITY OR TO	OWN COUNTY STATE

STAFF ATTENDING MEDICAL PHYSICIAN DIRECTOR PHYSICIAN

22d. PHY51C 22e ADDRESS

230 BURIAL, CREMATION, REMOVAL

NAME OF CEMETERY OR CREMATORY

23d LOCATION pulsevilla

DHMH - 16 60M 7/84 (VRA 15, 4)

FUNERAL DIRECTOR. Dept of

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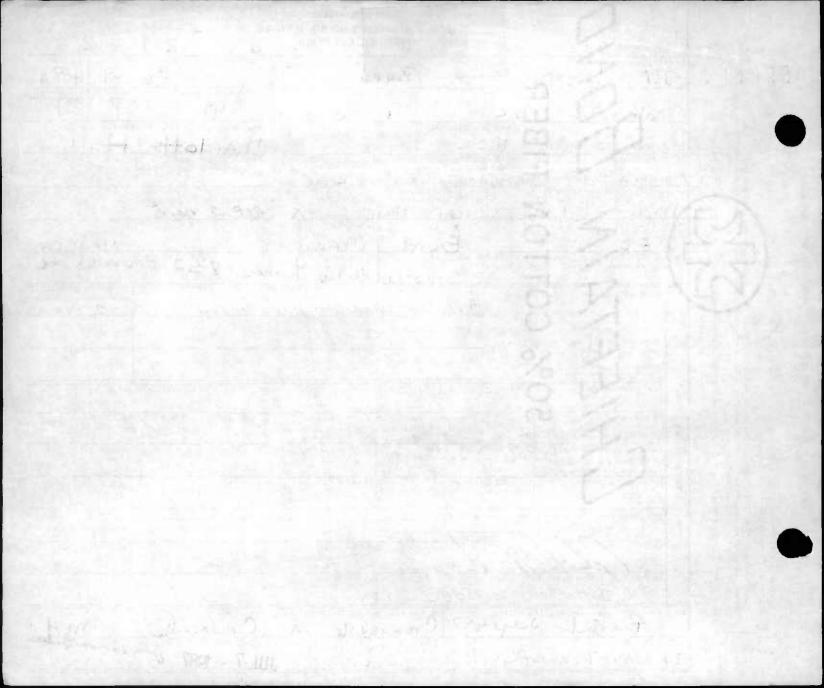
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24_FUNERAL DIRECTOR

250 DATE REC'D. BY REGISTRAR 256. REGISTRAR'S AIGNATURE



STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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ge 4 ms ector. p	3 SE	Male	4.	White	Jul	of Birth y 2 DAY 1908	6 AGE (IN YEARS LAST BIRT	YRS.		DER 24 HRS
nerol din 72 hou		RTHPLACE (STATE OR FO	PREIGN 76	U.S.A.	JNTRY? 8. MARRI WIDOW	ED DIVORCED D	9 BALTIMORE CITY O	r County of D		MD
y the further defends within		onardtown	'H 11	I. NAME OF HOSPITAL, (IF NOT IN SUCH FACILITY, GE	NURSING HOME	OR OTHER INSTITUTION	120 USUAL OCCUPATION	ON 12	6 KIND OF BUSI	
24 hours	USU	AL RESIDENCE (IF NURSIN	HOME OR OT	THER INSTITUTION GIVE RESIDEN	CE BEFORE ADMISSION		BOX 3557	20639	7	
npletely and 2 sh	14. F.A	THER'S NAME FIRST Franci	MI	DDIF 1	AST ese	IS MOTHER'S MAIDEN NA Rosalie		000	enea	
and com		VAS DECEASED EVER I	N U.S. ARMI	ED FORCES? 166. SOCIA	09-6155	17 INFORMANT Wif		Box 3) CEO
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The plane	NOI	PART 2 OTHER SIGN	IFICANT CO	NDITIONS CONTRIBUTION	NG TO DEATH BU	T NOT RELATED TO THE TERM	AINAL DISEASE OR CON	OITION GIVEN IN	PART Ita	
1	CERTIFICATION	19a DATE OF OPERAT	ON	196 CONDITION FOR	WHICH OPERATION	ON WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WER IN CERTIFYING YES	RE FINDINGS US CAUSES OF DE. NO	ATH?
Claring Physics Claring Clarin		210. ACCIDENT WAS UNDE OR CONTRIBUTING CA (IF EITHER NOTIFY MEDIC.	AUSE OF DEATH	216. TIME OF INJURY HOUR A.M. MON P.M.	TH DAY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJUS	TY IN ITEM 18 PART I C	IR PART 2)	
offender offender of the bur of ed out	MEDICAL	21d INJURY OCCURRI		21e PLACE OF INJURY (AT HOME STREET, FACTORY		21f LOCATION STREET	CITY OR TO	wn c	OUNTY	STATE
STENDIN putol or TOR At for vet o of Health		saw the decease	d alive on	1) attended the deceased	XV .	nd that in (my) (our) apinion	death occurred an the do	8719_ se and have and		(we) lost
At OR A the house At DREC detached are Dept.		22b. SIGNATURE	13	3. Than		DEGREE ATTENDING PHYSICIAN	MEDICAL STAF	F	22c. DATE SIGNE	D
HOSPIT DIMER TO FUNER DISTRICTOR		22d. PHYSICIAN'S NAI		Jhaveri,	M.D.	22e ADDRESS Leonar	dtown. Md			
51 541 5	230 E	URIAL, CREMATION, R				CEMETERY OR CREMATORY	23d LOCATION	E-63 1/01		
BP		SPECIFY) Burial		8/3/87	Charle	s Mem.Gard	Leonard	town Si	rm Me	D.
DHMH - 16 60M 7/84	24. FU	JNERAL DIRECTOR		Al	DDRESS	250. DA	TE REC'D. BY REGISTRAR	256 REGISTRAR'S	SIGNATURE	

DHMH - 16 60M 7/84 (VRA 15, 4)

W.Clarke Mattingley Leonardtown, MD.

Julia Divideon Pandass

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	0.0	REGISTRAR		CERTII	ICATE OF DEATH	O / REG.	NO.	1 lie	9
		CEASED NAME FIRST	MIDDLE	701/01	IAST	20 DATE OF DEATH		Y YEAR	2b. HOUR
	(IIIVE	JAMES	BERTRAM	CR	YER	July 1,	1987		3:15A _M
1	3 SEX		4 RACE	5. DATE (6. AGE (IN YEARS LAST	BIRTHDAY) IF	UNDER I YEAR	IF UNDER 24 HRS
4		Male	White	Oct		85	YRS	DATS.	MIN.
H		RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY	8. MARRIE	D NEVER MARRIED	9 BALTIMORE CITY	OR COUNTY O	FDEATH	
		shington, D.		WIDOWI	DI DIVORCED	St. Mary			MD.
	Le	onardtown	11. NAME OF HOSPITAL, NURSI	ADMOS!		Grocery		12b. KIND C INDUSTRY	OF BUSINESS OR
	13a. S	Md. St.I	Mary's Leonar	VN		13e.STREET ADDRESS		/2065	0
			MIDDLE		15. MOTHER'S MAIDEN NA	MIDDLE		LAS	
4	_	WILLIAM R /AS DECEASED EVER IN U.S. AR		IDITY NO	Mary 17 INFORMANT	Lucind	a Jo	ohnso	n
d			VE WAR OR DATES)		Jessie M.			20 1	2.0
A			nly ane cause per line for (a), (b), ai		l nessie M.	cryer,	same		MATE INTERVAL ONSET AND DEATH
		PART 1. DEATH WAS CAUSE	D BY:	- 6				BETWEEN	DNSET AND DEATH
ı		IMMEDIA	0		- CANADA				
1		Canditions, if ony, which	DUE TO, OR AS A CONSEOU	ENCE OF ,	Jan Que			+ul	
1		gave rise to immediate	DUE TO, OR AS A CONSEQU	ENICEOE	1				
		underlying couse last.	(c) China	- 1	fracture le	w Junei			
ı		PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERM	AINA DISEASE OR CO	NDITION GIVEN	IN PART 16	0
4	TION								
1	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTOPSY?	206 IF YES, VIN CERTIFYIN		
	ERT	21g ACCIDENT WAS UNDERLYING	7 216. TIME OF INJURY		21c. HOW INJURY OCCUR	YES NO	YES [NO 🗆
7		OR CONTRIBUTING CAUSE OF DEA	HOUR A.M. MONTH D	AY YEAR	THE HOW WASON'T OCCOR	LED LEMIER NATURE OF IN	JORT IN HEM 18 PARI	(OR PART 2)	
9	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINER	21e PLACE OF INJURY	19	21f LOCATION				
1	×	WHILE NOT WHILE AT WORK	(AT HOME, STREET, FACTORY, OFFICE,	FARM, ETC)	STREET	CITY OR	IOWN	COUNTY	STATE
1			ital) attended the deceased from.			, to	. 19.		that (I) (we) last
1		sow the deceased alive an	it) view the bady after death.	. 01	nd that in (my) (our) opinion	death occurred an the	date and hour a	nd from the	causes stated
ı		27h SIGNATURE	The wife body offer death.		DEGREE			22c. DATE	SIGNED
		1/10	10		ATTENDING PHYSICIAN	MEDICAL ST	AFF ICIAN [7.1.	87
		John F. F	enwick, M.D.		22e ADDRESS	town, Mar		206	50
1	23a B	URIAL, CREMATION, REMOVAL	23b. DATE 23t.	NAME OF C	EMETERY OR CREMATORY	23d. LOCATION		OUNTY	(7.7
	I	Burial	7-3-87 01	ur La	dy's		s Neck	,St.M	lary s, Mo
	24. FU	NERAL DIRECTOR	ADDRESS		1 11	TE REC'D. BY REGISTRA			
	W.	Clarke Matt	ingley,Leonar	dtown	n,Md.	1 00 BOL	Julia d	Darges	. Kindall

DHMH - 16 60M 7/84

FOR STATE

(VRA 15, 4)

TO FUNERAL DIRECTOR: After

THE CO. LEW MAN AND MA

DIVISION OF VITAL RECORDS, 301 W. PRESTON ST., BALTIMORE, MARYLAND 21201

STATE

REGISTRAR

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

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RECE NO	

YEAR

12b. KIND OF BUSINESS OR

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

STATE

that (I) (we) lost

4:00 DM

	EASED NAME	FIRST	- /	MIDDLE	L	AST		20. DAT	OF DEA	Н ма	NTH	DAY	YEAR	2b. HOU	R
		KATE	LANSDA	LE SOTHOR	ON CI	IRTIS				JULY	18	, 19	87	4:00	
3. SEX	1	4.	RACE		S. DATE C		YEAR	6. AGE	IN YEARS LA	ST BIRTHDA	(Y)	_	ER I YEAR	IF UNDER	2-
	FEMALE		CAUCAS	SIAN	JUL		1940	0 4	7		YRS	MONTHS	DAY5	HOURS	
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	Y OR TOWN OF DE		. NAME OF	HOSPITAL, NURSING		R OTHER INS	TITUTION		AL OCCU					F BUSINE	S
C	HAPTICO			HANS GIFT					ORK FOR M		ORKING L	IFE] INL	OUSTRY		
USUA 13a S1	ATE	136 COUNTY		GIVE RESIDENCE BEFORE		13d INSIDE C	ITY LIMITS	S2 13e STR	ET ADDR	FSS					
MA	RYLAND		MARY'S	CHAPTIC		YES [NO IX		PHAN		FT	FARM	1	20621	
4 FA	HER'S NAME		DLE	LAST		15. MOTHER	S MAIDEN FIRST								_
	LLOYD	WILI		CURTIS			RGIN	IA	MIDI	DLE		нь	INDE	RSON	
	AS DECEASED EVER	IN U.S. ARME		166 SOCIAL SECUR	RITY NO.	17 INFORMA			Α	DDRESS	HAN	S GI	FT	FARM	_
	NO	(# TES, GIVE W	AR OR DATES	218-38-7	7732	RONAL	D T.	HOLYFI	ELD.	CHA	PTI	CO.	MD.	2062	1
	18. CAUSE OF DEAT	H (Enter only	one couse per	line for (o), (b), and	l (c).)									MATE INTERV	
	PART I. DEATH W	VAS CAUSED I		r'ailure	of Ma	ior Or	gan S	Systems							
		MAKEDIATE													1
-	Conditions, if ony	udich	DUE TO, OI	RASA CONSEQUE	f Bra	in									
	gove rise to im	mediote	(b)												-
	underlying couse		DUE TO, OI	R AS A CONSEQUE	NCE OF										
	PART 2. OTHER SIG	NUE ICANIT CO	(c)	ANTERIOR TO D	EATH BUT	NOT BELATED	TO THE T	EDAMBIAL DISI	ACE OD	TOMOT	IONI CI	VENT INT	DART 1		=
	PART 2. OTHER SIGN	NIFICANI CO	NUITIONS CC	DINTRIBUTING TO D	EATH BUT	NOT RELATED	/ IO INE I	ERMINAL DISI	ASE OR	ONDII	ION GI	A E IA IIA I	PARI III	01	
CERTIFICATION	9a. DATE OF OPERA	TION	196. CONDI	TION FOR WHICH (OPERATIO	N WAS PERFO	RMED	20a A	UTOPSY?	12	Ob. IF YE	S, WERE	FINDIN	VGS USED	-
띮								YES	ON [- 11	V CERT			OF DEATH	H
ERT	710 ACCIDENT WAS UN	OERLYING	71b. TIME O	FINJURY		21c HOW IN	JURY OCC	CURRED (ENTE	-	-		-	PAUL 2)	NO L	_
4	OR CONTRIBUTING			M. MONTH DA		35.1									
MEDICAL	(IF EITHER, NOTIFY MEDIC 21d. INJURY OCCUR		P./ 21e. PLACE (19	211. LOCATIO	N								_
WE		HILE		PEET, FACTORY, OFFICE, FA	RM, ETC.)	STREET			CITY C	RTOWN		COL	INTY	STA	T
			attended the	e deceased from	many	vears	10	to	time	of	des	atch		that (I) (w	-
	sow the deceos above, (1) (we)	ed alive of	July 1	8, 1987,	, or	d that in (my)	(our) opin	nion death acc	rred on t						
	226. SIGNATURE	X	new me body	07107 020111.		DEGREE		2011	A			22	c DATE	SIGNED	-
	1	14.	11 1			1	TTENDING	MEDIC N DIRECT	AL	STAFF			7/00	/87	
							HIJICIAL	N ALI DIKELI	OR [_] PH	IYSICIA	V L		1/20	1/01	
1	228 PHYSICIAN'S IN	AME (TYPE OR PE	HINT)			772 ADDRES		N DIRECT	OR L PF	IYSICIA	1		1/20	701	_

DHMH-16 60M 1/73 (VR A 15 (4))

TO HOSPITAL

TO FUNERAL DIRECTOR: After this certificate should be detoched for use as the burial-transmith the State Dept. of Health and Mental Hing.

IMPORTANT: If hem 21 is

24 FUNERAL DIRECTOR

23b. DATE

7/21/87

230. BURIAL, CREMATION, REMOVAL

BURLAL

EDWARD N. BRINSFIELD, JR., LEONARDTOWN, MD.

23¢ NAME OF CEMETERY OR CREMATORY

CHRIST EPISCOPAL

23d. LOCATION CHAPTICO

MD.

20621

and from the couses stated 22c. DATE SIGNED 20/87

STATE OF MARYLAND

60940 JUL 2	1 - STATE EGISTRAR CERTIFICATE OF DEATH 8 / REG NO	4 2 8
8 75	Type On majors	2,1987 PAR 25 HOUR
ector, pag 4 affar da non.	Male White S DATE OF BIRTH (A AGE (IN YEARS LAST BIRTHDAY) MAIN MAIN MAIN MAIN MAIN MAIN MAIN MAIN	FUNDER LYEAR FUNDER 24 HRS MONTHS DAYS HOURS MIN
0 135	BIRTHPLACE ISTATE OR FOREIGN 7% CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED St. Mary	
W00	Clements 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET LADDRESS) At Home — Grampton Road 126. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIN Meat Cutter	12% KIND OF BUSINESS OR INDUSTRY GOV.
tyled in	USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 136. STATE 136. STATE 137. STATE 138. STATE 138. STATE 138. STREET ADDRESS 14. O. BOX 164/GI	rampton Road
A STATE OF THE SAME	Francis Eugene Drury, Sr. Elizabeth	Ľöng
Pages 1	160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT WIFE ADDRESS P. 17 INFORMANT WIFE ADDRESS P. 18 SOCIAL SECURITY NO. 18 SOCIAL SECURITY N	.O. Box 164 ton Rd,Clemer
\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Lucia Scale IMMEDIATE CAUSE (b) Lucia Scale IMMEDIATE CAUSE (c) Lucia Scale IMMEDIATE (c) Lucia Scale IMME	BETWEEN ONSET AND DEATH 72 L.
S, 201 W. PRESTON rquires that the death igned by the attendin n please remove carbo bucial, cremiston, or injury, or other tradi-	Conditions, if ony, which gave rise to immediate cause (a), stating the underlying cause lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVE	2 cch. Guh. VEN IN PART 1(0)
The law in emit. The law in emit. The law in emit. The law in the prior to show any	IN CERTIF	S, WERE FINDINGS USED FYING CAUSES OF DEATH? ES \(\cap \)
VESICIAN Physician roadsit p most Hugs 18	218. TIME OF INJURY OR CONTRIBUTING CAUSE OF DEATH OR CONTRIBUTING CAUSE OF DEATH OR EITHER, NOTIFY MEDICAL EXAMINER) P. M. 19	
After the part to and Mr and M	214 INJURY OCCURRED 218 PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) 218 INJURY OCCURRED 218 PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) 218 INJURY OCCURRED 218 PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) 218 INJURY OCCURRED 218 PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)	COUNTY STATE
ATTEN pital or an ECTOR: for use an of Healt win 21 is:	27a I certify that (I) (this hospital) attended the deceased from	19, that (I) (we) lost or and from the causes stated
TTALOF V the host PRALDFR Getached tasts Dept	DEGREE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN	7.23.87
O HOSP harred to O FUNE with the S	John F,. Fenwick, M.D. Leonardtown, MD. 2065	0
BP	230. BURIAL, CREMATION, REMOVAL 230. DATE 7/25/87 St. Joseph's Cem. 23d. LOCATION CITY OF TOWN MOTGANZA	STM p. Mb.
DHMH-16 25M (VRA 15, 4) 1/79	W. Clarke Mattingley Leonardtown, MD.	RKRSSIGNATURE

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TANK TO SERVICE STATE OF THE PARTY OF THE PA

13-52-21

The law requires that the

TO HOSPITAL OR ATTENDING PHYSICIAN: retained by the hospital or attending physician.

BP_

DHMH-16 25M (VRA 15, 4) 1/79

159340

ige 4 may be

STATE OF MARYLAND

DEPARTMENT OF MEALTH AND MENTAL HYCHENE

ill is	17	FOR STATE REGISTRAR			DEPARTA		EALTH AND MENTAL HYG ICATE OF DEATH	IENE 8 7 REG. N	2	4 2	9
		CEASED NAME	FIRST	MIDDL	E	L	AST	24 DATE OF DEATH	MONTH DAY	YEAR	2b. HOUR
			ATHER	INE BRI	ESLIN	E	ASOM	July 3,	1987		(0A
	3 SE	x	4.	RACE		S. DATE C		6. AGE (IN YEARS LAST BIRT		UNDER I YEAR	IF UNDER 24 HRS
nce.		Female		White	9	De	c. 15 1955	31	YRS.	UATS	HOURS MIN
33	7e B	IRTHPLACE ISTATE OR FO OUNTRY) MD.	DREIGN 76	U.S.		MARRIEI WIDOWE	DI DIVORCED	St.Mary	R COUNTY OF	DEATH	M
20		ity or town of DEA eonardtov		I. NAME OF HOSI			PROTHER INSTITUTION	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF Pharmac	F WORKING LIFE)	12h KIND OI INDUSTRY	F BUSINESS OF
35	13e.	AL RESIDENCE (IF NURS STATE MD.	ING HOME OF OT 136 COUNTY St. Ma	ry's Le	residence before CITY OR TOWN COnard	ADMISSION) TOWN		13. STREET ADDRESS P.O. B	ox 85	20	650
80	14. F.	Fred	MIC	DOLE	Bres	lin	Anne	AE MIDDLE	Stie	ffenh	hoffer
E I	16a Y	WAS DECEASED EVER	IN U.S. ARMI		SOCIAL SECU	RITY NO	17 INFORMANT	ADDRE	SS		7 1-20
# /		YES, NO OR UNKNOWN)	14 723, 0112 11		12 72	4288	James M. Ea	asom	Same		
11 /		18 CAUSE OF DEAT	H (Enter only	ane cause per line	for (a), (b), one	diesa	. ^			APPROXU BETWEEN C	MATE INTERVAL
20		PART I. DEATH W	IMMEDIATE		MeTAI	RTA	Tre Brea.	11 Can	cen	No	with
ny injury, or o	NO	PART 2 OTHER SIGN	last	DUE TO, OR AS			NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIVEN	IN PART 1(o	13
Spows	CERTIFICATION	19a DATE OF OPERA	TIÓN	196 CONDITION	Y FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?	20h. IF YES, W IN CERTIFYIN YES [VERE FINDING CAUSES	OF DEATH?
Item 18	1	21g ACCIDENT WAS UNE	AUSE OF DEATH	216. TIME OF IN. HOUR A.M. P.M.		Y YEAR	216 HOW INJURY OCCURR	ED JENTER NATURE OF MIJU	TY IN ITEM 18, PART	1 OR PART 2)	
narked o	MEDIC	21d INJURY OCCURE WHILE NOT WE AT WORK AT WO	HILE 🗆	21e PLACE OF IT		ARM, ETC.)	211 LOCATION STREET	CITY OR TOV	VM .	COUNTY	STATE
em 21 is r		22a.1 certify that (1) sow the decease	ed olive on_	ottended the de	8/ 19	an	id that in (my) (our) opinion o	eath accurred on the de	7 19. ate and haur or		that (I) (<u>we)</u> los couses stoted
IMPORTANT: If Itel		276. SIGNATURE	13	n to	mn		DEGREE ATTENDING PHYSICIAN 1226 ADDRESS	MEDICAL STAI		7/	SIGNED
MPORTANT		Com	D. 13	BoydA			Leans		, M	0	
- 1	230	BURIAL, CREMATION,		23b. DATE			EMETERY OR CREMATORY	23d. LOCATION CITY OF TOWN		UNTY	STATE
-	24.5	Buri	al	7/6/87	Ou	een o	of Peace	Helen	St.M	ary's	MD MD
6 25M	74 F	UNERAL DIRECTOR			ADDRESS		Do. DATE	REC'D. BY REGISTRAR	A STATE OF A	DESIGNATI	DKF
4) 1/79	W	.Clarke M	lattin	alev	Leona	rdtor	Wn MD.	11 10 1901			

3 . At - 45 K/L (1) P. 1d = 20 Co wat E. 43 THE RESIDENCE OF THE

BALTIMORE, MD. 21201 TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOUR EXECUTE THE CERTIFICATE, WRITING THE WORD "PENDING" IN PENCIL IN ITEM 18 PAGE 4 SHOULD BE FORWARDED TO THE CHIEF MEDICAL EXAMINER ALONG TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE USED AS A BURIAL - TRANSIT PERMIT AFTER DEATH, WITH THE STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE BAILTHANDE, MARYLAND, 21201 PRIOR TO BURIAL, CREMATION, OR REMOVA DIVISION OF VITAL RECORDS, 201 W. PRESTON ST.

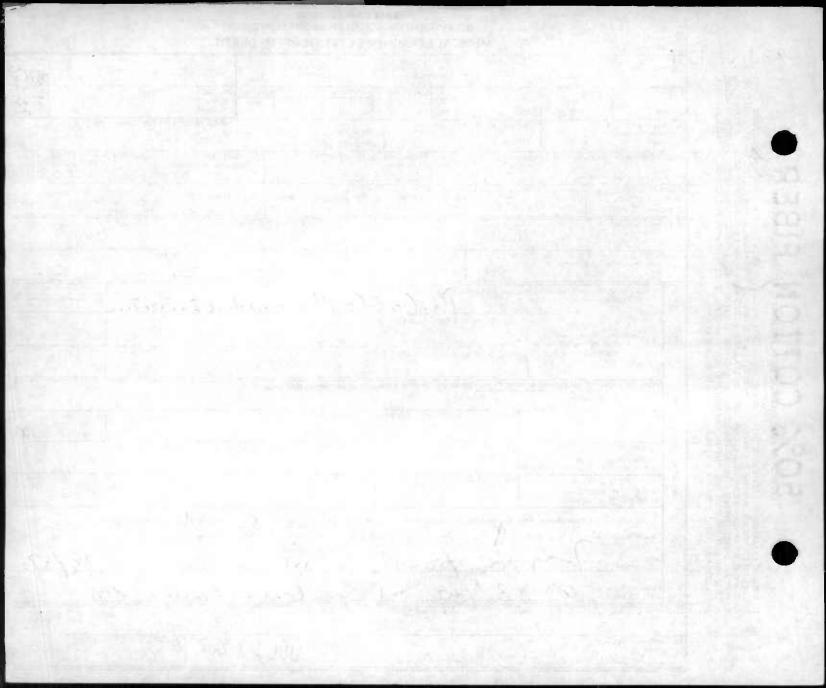
PLEASE
A DI ECTOR.
OI R FILES.
IN THOURS

STATE OF MARYLAND

I		OR			DEPARTMENT OF	HEALTH AND A	MENTAL HYGI	ENE		102	
J		REGISTRAR		ME	DICAL EXAMIN	IER'S CERTIF	ICATE OF DI	EATH REC	. 10. 64	3 0	
1		EASED NAM	E FIRS	î .	WIDDLE	LAST		20. DATE KNOW	M WONTH	DAY YEAR	26. HOUR
1	(ITPE	ORPRINTS	JOS	SEPH W	EBSTER	EVAN:	5		July	41987	5735 P
1	3 SEX		4. RACE	5. DATE OF BIRTH	6 AGE (IN YEAR LAST BIRTHE		IF UNDER 24 HR		MONTH	DAY YEAR	2d HOUR
١	М	ale	White		1902 85 y	, MOITHIS DATA	HOURS MIN	PRONOUNCED DEAD JU	ily 4,	19 8	12.97
4	BIR	RTHPLACE (5		7b. CITIZEN OF WI		11	sus baida [9. BALTIMORE CI	TY OR COUNTY	OF DEATH	
J		D.		USA		WIDOWED S	DIVORCED [arv's		440
1		Y OR TOWN	OF DEATH	II. NAME OF HOS	PITAL, NURSING HOM		UTION 120 U	JSUAL OCCUPATION	LTYPE OF WORK	26 KIND OF BU	
1	I	onard	+ Own		CILITY, GIVE STREET ADDRESS)	oital	C	or most of working life arpenter		Constr	
i	USUA	L RESIDENCE	(IF IN NURSING HO	OME OR OTHER INSTITUTION, GI	VE RESIDENCE BEFORE ADMISS	ION)				00	111
1	13a. ST		d 13b. Co		Hollywo			Rt. 1,	Box 1	200	536
ł		rylan		L Mary S	Inorramo		HER'S MAIDEN NA	MF	DOM I		
J		FIRST		MIDDLE	Evans	Ma	FIRST	Agnes	R	alev	
1	16a. W	Georg	_	Webster ARMED FORCES?	16b SOCIAL SECURIT			ADD		1101	
ı	(YE	5, NO, OR UNKNO		GIVE WAR OR DATES)			·· E···	n Wieke	same	as 13	6
ł	-	No	555471145		219-01-89	330A Mar	A FASTA	II HICKS,	Same	APPROXIMATI	
1	100	PARTIDE	ATH WAS CA	er only one couse per line USED BY:	for (9.)(b), and (6).)	0.00 M		1.17 6	7	BETWEEN ONSE	T AND DEATH
ì	1		IMME	DIATE CAUSE (o)	AS A CONSEQUENCE	00011	TOCAR	dial INF	ARCIGA		
		Conditio	ns, if any, w		AS A CONSEQUENCE	OF				TO LAND	
1		gove ri	se to immed	liote / (b)	16.1.60.105.0			40000			
1	111	lying co		DUE TO, OR	AS A CONSEQUENCE	OF				12 N.T.	
1		BART 2 OTHER C	CNICION CONDI	TONS CONTRIBUTING TO DEATH	BUT NOT BUT ATER YOU THE						
ı		PARI Z UTNEK S	ONIFICANT CUNUIT	TORS CONTRIBUTING TO DEATH	BUT NOT KELATED TO THE TEX	WINAL DISEASE OR CONDIT	ION GIVEN IN PART 1 (d)				
	CERTIFICATION	19a, DATE OF	OPERATION	19h CONDI	TION FOR WHICH OPE	RATION WAS PERFO	RMED?			20 AUTOPSY	2
4	FIC.									YES 🗆	No DY
H	ERTI	21a EXTERNA	AL CAUSE WA	S 21b. TIME OI	INJURY	Tale HOW INJUR	Y OCCURRED TEN	TER NATURE OF INJURY IN ITE	M 18 PART 1 OR PART		NON
1		UNDERLYING	OR	HOUR A.M	MONTH DAY YEA		. Occounts to				
4		21d INJURY	NG CAUSE		OF INJURY (AT HOME,	211. LOCATION					
1	ME		NOT WHILE		TORY, FARM, ETC.)	STREET		CITY OR TOWN	COUN	114	STATE
1	100	AT WORK	AT WORK				H	-			
1		22a I certi	fy that I took c	horge of the remains des	cribed above, held an	Autopsy .	Inspection	, Inquiry 4.	ond in my opi	non	
1		death result	ed from	latural causes	Accident , Si	vicide , Hon	nicide . Uni	determined manner			
1	000	ACTUAL	1	~ /	1-	TITLE	(SPECIFY)			2/2 /	(5)
		SIGNATURE	V	1/m	DONY	M.D	DOLM	EDICAL EXAMINER	SIGNED	1/4/	81.
1	6	EXAMINER'S	NAME /	12201		1	1	1-	, ,		
4		(TYPE OR PRI	NT)	1) 1304	1 diz m	ADDRESS		nd Dw	N, M	0	
	23a. BU	PECIFY)	TION, REMOV			METERY OR CREMA	TORY 23d	LOCATION LITY OR TOWN	COUNT	Y 5	TATE
		Buria		7-8-87	St Jo	hns	10/	Hollywop	d,St M	ary's	,Md.
		NERAL DIREC		ADDRESS				BY RECISEDAR TEN	ANGUSTIRAR'S SK	SNATURE	
	W.	.clark	ce Mat	tingley L	eonardtow	n,Maryla	abant ,				

DHMH - 17 (VR A15 ME (5))

07/84 25M



STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

6)	1	4	2	
REG. NO.	3	1 1	U	

	FOR	
-	STATE	
	REGISTRAR	

1. DECEASED NAME 26. HOUR 20. DATE OF DEATH MONTH 7:43A.M CHARLES GEORGE FADELEY JULY 12, 1987 3 SEX 4 RACE 5. DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS JUNE 18, 1919 CAUCASIAN 68 MALE 70. BIRTHPLACE ISTATE OR FOREIGN BALTIMORE CITY OR COUNTY OF DEATH TO CITIZEN OF WHAT COUNTRY? MARRIED KI NEVER MARRIED ST. MARY'S VIRGINIA U.S.A. DIVORCED [WIDOWED 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION IN CITY OR TOWN OF DEATH 120 USUAL OCCUPATION 12b KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY ST. MARY'S HOSPITAL RESTAURATEUR LEONARDTOWN RESTAURANT USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSIONI 13g. STATE 1136 COUNTY 13e STREET ADDRESS 113c CITY OR TOWN MECHANICSVILLE YES RT. #1, BOX 314 MARYLAND ST. MARY'S 20659 NOTA IS MOTHER'S MAIDEN NAME 4 FATHER'S NAME MIDDLE LAST FIRST MIDDLE GEORGE MELINDA HENRY FADELEY J. ADDRESS 60 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT (YES, NO OR UNKNOWN) I (IF YES, GIVE WAR OR DATES) WW 11 YES 579-20-4349 18 CAUSE OF DEATH (Enter only one couse per line for Jo), (b), and (c).) PART I. DEATH WAS CAUSED BY-IMMEDIATE CAUSE 10 DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (a), stating the A CONSEQUENCE OF underlying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 19a DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20e AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOT YES T 210 ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL LIF EITHER, NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED 21# PLACE OF INJURY 211 LOCATION CITY OR TOWN COUNTY STATE (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) 228.1 certify that (I) (this haspital) attended the deceased from sow the deceased alive on. and that in (my) (aur) apinion death occurred on the date and hour and from the causes stated obove, (I) (we) (did) (did not) view the body ofter death 226. SIGNATURE DEGREE 22c DATE SIGNED ATTENDING & MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN 22d. PHYSICIAN'S NAME (TYPE OF PRINT) 22e ADDRESS



WILLIAM D. BOYD, M.D. 23e BURIAL, CREMATION, REMOVAL 23b. DATE

LEONARDTOWN, MARYLAND 20650

(SPECIFY) CREMATION

HUNTT CREMATORY

23¢ NAME OF CEMETERY OR CREMATORY

23d LOCATION COUNTY WALDORF CHARLES

MARYLAND

24 FUNERAL DIRECTOR

7-13-87 EDWARD N. BRINSFIELD, JR. LEONARDTOWN, MD.

250 DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE June Wardson Kondalls

DHMH-16 60M 1/73 (VR A 15 (4))

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Hygie

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marked

DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG NO. 20 DATE KNOWN 26 HOUR ESTI-EMMA ETHEL **FERGUSON** DEATH MATED 16,8 July 72 HOURS N STREET, 4 RACE 5. DATE OF BIRTH A AGE IN YEARS IF UNDER 1 YR IF UNDER 24 HRS. 2d HOUR 2c DATE 73 VPS PRONOUNCED May25,1914 Female White DEAD To. BIRTHPLACE (STATE OR 7h. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OF COUNT MARRIED NEVER MARRIED VA. U.S.A. WIDOWED X DIVORCED St. Mary's ID. CITY OR TOWN OF DEATH 12a USUAL OCCUPATION (TYPE OF WORK 11, NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 12h KIND OF BUSINESS FOR MOST OF WORKING LIFE! (IF NOT IN SUCH FACILITY GIVE STREET ADDRESS) OR INDUSTRY Lexington Park at home House wife Home USUAL RESIDENCE LIF IN NURSING HOME OR OTHER INSTITUTION. GIVE RESIDENCE BEFORE ADMISSIONA 13a STATE 13c CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS MD. St. Mary Lexington Pasks NO X Box 128/20653 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME AAID DIE FIRST LAST LAST Fletcher Smith Rachea! Hil' ADDRESS Lot 30P Hills Trai Lexington 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16h SOCIAL SECURITY NO 17 INFORMANT (YES, NO. OR UNKNOWN) LIE YES GIVE WAR OR DATES! No 213-24-3388 Earl 18 CAUSE OF DEATH (Enter only one couse per line far (o), (a), and (c PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a). MENTAL HYGIEN N. OR REMOVAL DUE TO, OR AS A CONSEQUENCE OF Conditions, if onv. which gave rise to immediate cause (o) stoting the under-DUE TO, OR AS A CONSEQUENCE OF BURIALlying couse last. EXECUTE THE CERTIFICATE, WRITING THE WORD "PENDING" IN P PAGE 4 SHOULD BE FORWARDED TO THE CHIEF MEDICAL EXA TO FUNEAR I DIRECTOR: PAGE 3 SHOULD BE USED AS A BURIAL THE DEATH, WITH THE STATE DEPARYMENT OF HEALTH AND ME BARTIMORE, MARYLAND, 21201 PRIGK TO BURIAL, CREMATION, PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 IO CERTIFICATION 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES NO [21g EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 214 INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION AT WORK AT WHILE STREET, FACTORY, FARM, ETC.) CITY OF TOWN COUNTY STATE 220 I certify that I took charge of the remains described obave, held an Inspection and in my apinion Inquiry deoth resulted from: Homicide ___ Undetermined monner Noturol causes Accident TITLE (SPECIFY ACTUAL SIGNATURE MEDICAL EXAMINER EXAMINER'S NAME (TYPE OR PRINT) Leonardtown 20650 230 BURIAL, CREMATION, REMOVAL 236, DATE 23d LOCATION 23c. NAME OF CEMETERY OR CREMATORY 7-18-87 07/84 BP Trinity Memorial GDN Waldorf Charles. MD. Burial 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

W. Clarke Mattingley, Leonardtown, MD.

ilia Dandier.

DHMH - 17

(VR A15 ME (5))

STATE OF MARYLAND

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

24 87 STRAR			MEDICAL	EXAMIN	ER'S CE	RTIF	CATE	OF DE	ATH KBG	. NO	11 3	2 .	
(TYPE OR PRINT)		ALTER	HENR	Y		SMAN		0	OF ESTI- DEATH MATED		7 20	19 87	26 HOUR
3 SEX MALE	4. RACE WHITE	5. DATE O	F BIRTH DAY 17 1905	6 AGE (IN YE LAST BIRTHD		ER 1 YR.	HOURS		PRONOUNCED DEAD	MOM	7 20	19 87	11:5 Am
To BIRTHPLACE (S FOREIGN COUNTRY)		76. CITIZE	OF WHAT COU	VTRY?	MARRIED		VER MARK	pront.	9 BALTIMORE CIT	_	UNITY OF		

14 • Yr •	U.D.H.	DO WED JE		2	1
ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSING HOME, O	ROTHER INSTITUTION 17	USUAL OCCUPATION	TYPE OF WORK	
	(IF NOT IN SUCH FACILITY GIVE STREET ADDRESS)		FOR MOST OF WORKING LIFE)		OR INDUSTRY
Leonardtown	St. Mary's Hospital		Electrician		Motel
AL RESIDENCE LIF IN NURSING HOA	AE OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)				001

MD.	St.Mary's	Leonardtown	YESXX NO	Cedar Lane	Apts. #418
14 FATHER'S NAME	WIDDLE	LAST	IS MOTHER'S MAIDEN	NAME MIDDLE	(AST
George	Henry	Grasman	Margaret		Walter
160. WAS DECEASED E	VER IN U.S. ARMED FORCES? (IF YES, GIVE WAR OR DATES)	166 SOCIAL SECURITY NO.	Daughter	ADD	RESS #1 Beach Tree
No		d84-05-4713	Glomia F	Magnus Fre	derickshurg Ut.

18. CAUSE OF DEATH (Enter only or PART I DEATH WAS CAUSED BY IMMEDIATE C	<i>(</i> :	Pulmonary thromboembolism	VA. 22401	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
Canditians, if ony, which gave rise to immediate cause (a) stating the <u>underlying</u> couse last.	(b)	R AS A CONSEQUENCE OF		

Hypertensive arteriosclerotic cardiovascular disease

Hyper	cerbive diteriobeterotic caratovabediar arbeabe	
19a. DATE OF OPERATION	196. CONDITION FOR WHICH OPERATION WAS PERFORMED?	20 AUTOPSY?
OL EVIEDNIAL CALIFF WAS		YES 🔀

218. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	HOUR A.M. MONTH DAY YEAR	216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)
21d INJURY OCCURRED	218 PLACE OF INJURY (AT HOME,	211 LOCATION

WHILE ONOT WHILE O	STREET, FACTORY, FARM, ETC.	STREET	CITY OR TOWN	COUNTY
220 I certify that I took charge of t	he remains described above, held on uses XX Accident . Su	Autopsy X, Inspec	ction , Inquiry ,	and in my apinian
ACTUAL AND		TITLE (SPECIFY		DATE 7-

Divon 111 Donn St Ralto

(TYPE OR PURINT)	Zumi Pi.	DIMOII, M.D	AD	DRESS	Leini	0001	Darco.,	LID	2120
a BURIAL, CREMATION, RI	540VAL 225 DATE				Inal (A			
(SPECIFY)	EMOVAL 238 DATE	23c NA	ME OF CEMETERY OR	CREMATORY		OCATION Y OR TOWN		COUNTY	Y

Cremation 7-21-87 Cedar Hill Crem. 24 FUNERAL DIRECTOR W. Clarke Mattingley, Leonardtown, MD.

Suitland P.G. MD.

NO []

STATE

STATE

AGE 4 SHOULD BE FORWARDED TO O FUNERAL DIRECTOR: PAGE 3 SHO

MEDICAL CERTIFICATION

07/84 25M

DHMH - 17 (VR A15 ME (5))

STATE OF MARYLAND

DELVKIMEMI	Ut	HEAL	IM	ANU	MEN!	4L
CE	RT	FICA	TE	OF	DEATH	1

	1-	FOR STATE REGISTRAR		DEPARTN		TOF HEALTH AND MENTAL HYGIENE ERT IFICATE OF DEATH REG. NO. 2 REG. NO. 2						
S		EASED NAME FIRST		MIDOLE	L.	AST	20 DATE OF DEA	-	DAY	YEAR	26 HOUR	
	TITPE	CLARENC	E L	OUIS	GRE	CENWELL	JULY 2	28, 1	987		M	
	3. SEX		4 RACE	175-15-2	5 DATE C		6. AGE (IN YEARS L	AST BIRTHDAY		DER I YEAR	IF UNDER 24 HRS	
	М	ale	White		Marc		85	Y	RS	DAYS	HOURS	
ed)		RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8 MADDIE	D NEVER MARRIED	9 BALTIMORE C	ITY OR COL	JNTY OF C	DEATH		
1	_	MD.	U.	S.A.	WIDOWE		St. N	Mary'	S		MD.	
	10 CI	TY OR TOWN OF DEATH		HOSPITAL, NURSIN		OR OTHER INSTITUTION	12e USUAL OCC			NOUSTRY	OF BUSINESS OR	
1		xington Park		mber Hou			Bus Dr	iver	Þ	.C.	TraNsit	
7	13a S	1	Mary s	GIVE RESIDENCE BEFORE 136. CITY OR TOWN Callay	N	134. INSIDE CITY LIMITS? YES NO 🛣	Box 1	RESS 0/206	20			
2	14 FA	THER'S NAME	MIDDLE	LAST		15 MOTHER'S MAIDEN NA		ODLE		145	er.	
	A		gene	Greenwe	211	Amy	Mabel	,011	Ye	atma	in	
1	I 60 WAS DECEASED EVER IN U.S. ARA		MED FORCES?	166 SOCIAL SECU	RITY NO	17 INFORMANT	-	ADDRESS	Box	56		
		0	t WAR OR DATES)	578-10-	-5388	A, Marjorie	M. Ride	gell,	Scot	land	I, MD.	
Alleria P		Conditions, if ony, which gove rise to immediate cause (a), stating the underlying couse lost. DUE TO, OR AS A CONSEQUENCE OF DUE TO, OR AS A CONSEQUENCE OF						gen		0	<i>-</i>	
	NO	PART 2 OTHER SIGNIFICANT						51.0				
	CERTIFICATION	190 DATE OF OPERATION	196 COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	YES TO NO	INC			NGS USED OF DEATH?	
1		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	ATH HOUR A	M. MONTH DA	Y YEAR	21¢ HOW INJURY OCCUR				OR PART 2)		
	MEDICAL	214 INJURY OCCURRED WHILE NOT WHILE AT WORK		REET, FACTORY, OFFICE, FA	ARM, ETC.)	21f LOCATION STREET	CITY	ORTOWN	C	OUNTY	STATE	
		220.1 certify that (1) (this hosp sow the deceased alive or above, (1) (1) (did no 22b SIGNATURE	-01	1-00 190	/	nd that in (my) (and pointing) DEGREE ATTENDING PHYSICIAN	death occurred on	STAFF				
		J. Patrick	/ /	, M.D.		122m, ADDRESS Leonardto				1	11	

23c NAME OF CEMETERY OR CREMATORY

DHMH-16 25M (VRA 15, 4) 1/79

Burial
24 FUNERAL DIRECTOR Clarke Mattingley, Leonardtown, MD.

13 DATE

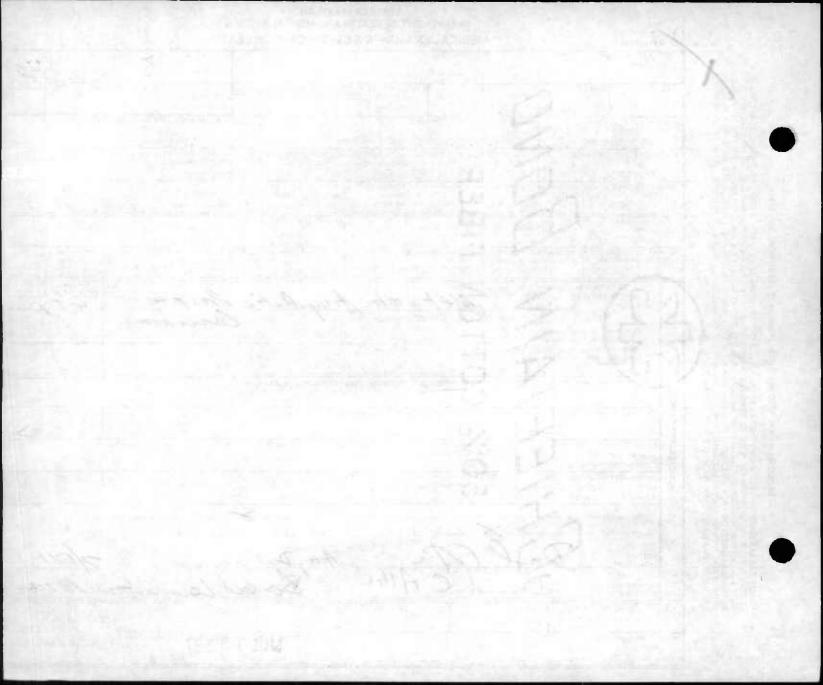
7-31-87

230 BURIAL, CREMATION, SEMOVAL

MATORY 23d LOCATION COUNTY Ridge, St. Mary's, No. 1250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE St.Mary's, MD. St. Michaels Cem.

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR -STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR DECEASED NAME 20 DATE KNOWN b HOUR (TYPE OR PRINT) OF ESTI-DEATH MATED William Harold Hughes 198 4 RACE 5. DATE OF BIRTH 6. AGE (IN YEARS | IF UNDER 1 YR. | IF UNDER 24 HRS. SEX 2c. DATE LAST BIRTHDAY) PRONOUNCED DEAD Apr.19 1957 Male White 30 76. CITIZEN OF WHAT COUNTRY? TO BIRTHPLACE (STATE OR 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIEDXX FOREIGN COUNTRY! Leonardtown, MD U.S.A. WIDOWED [DIVORCED St.Mary's 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS Blackistone FOR MOST OF WORKING LIFE) OR INDUSTRY Home Constructio: Hollywood Laborer USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 138. INSIDE CITY LIMITS? 13e STREET ADDRESS 136 COUNTY St.Mary's Trailer MD. Great Mills YES . Hills 14. FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDI LAST Harold W. Wilma Wolf Hughes A. 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO Mother (YES, NO, OR UNKNOWN) (IF YES GIVE WAR OR DATES No 215-70-8392 Hughes-Blackistone Rd Wilma CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). Hollywood APMD ATE INTERVAL PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (o Conditions, if ony, which gove rise to immediate couse (o) stoting the under-DUE TO, OR AS A CONSEQUENCE OF lying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 a USED AS A BOOF HEALTH CERTIFICATION 190 DATE OF OPERATION 196, CONDITION FOR WHICH OPERATION WAS PERFORMED? DED TO THE CHIEF A E 3 SHOULD BE USED. E DEPARTMENT OF HE 31 PRIOR TO BURIAL, 20 AUTOPSY? YES | 210 EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR UNDERLYING CONTRIBUTING CAUSE OF DEATH P.M. 214 INJURY OCCURRED 21e PLACE OF INJURY (AT HOME, 11f. LOCATION STREET, FACTORY, FARM, ETC 1 CITY OR TOWN COUNTY STATE WHILE AT WORK TO FUNERAL DIRECTOR: PAGE AFTER DEATH, WITH THE STATE BALLTMORE, MARYLAND, 21201 220. I certify that I took charge of the remains described above, held on death resulted from Undetermined monner ACTUAL SIGNATURE EXAMINER'S NAME (TYPE OR PRINT) 23a BURIAL, CREMATION, REMOVAL 23b DATE 23d. LOCATION 23c. NAME OF CEMETERY OR CREMATORY 7-15-87 Charles Mem. Gardens Burial Leonardtown MD. 07/84 BP. 24 FUNERAL DIRECTOR 256 REGISTRAR'S SIGNATURE

DHMH - 17 (VR A15 ME (5))



STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGH
CERTIFICATE OF DEATH

	29 1	FOR TATE TEGISTRAR			DEPARTM		EALTH AND MENTAL HYG ICATE OF DEATH	43	6			
		DECEASED NAME FIRST MIDDLE TYPE OR PRINTS MARQUE TITE Ellis				, .	sley	7 19 8	MONTH DA	Y YEAR	2 20 PM	
1	_	emale	I	white		5 DATE C	22/98 YEAR	6 AGE (IN YEARS LAST B	YRS	UNDER I YEAR	IF UNDER 24 HRS	
		RTHPLACE (STATE ORFO OW Y) YO'R			VHAT COUNTRY?	MARRIEI WIDOWE	DIVORCED [St. Mar	y¹s		MD.	
	С	ty or town of DEA harlotte	Hall	Charl	OSPITAL, NURSING HEACUITY, GIVE STREET A OTTE HE	DDRESS) V	eterans Hon	e unknow	OF WORKING LIFE)	126 KIND OF INDUSTRY	enown	
	13a S	at residence in nursin trate laryland					HE NO NO	13e STREET ADDRESS	5 , 28 E	22	12	
)		nknown	MID	DLE	LAST		unknöwn	ME MIDDLE		LAST		
		VAS DECEASED EVER I (ES, NO OR UNKNOWN) CS	U.S. ARME		071-28		9 Charlotte	Hall Ve		Home		
		18 CAUSE OF DEATH PART I. DEATH WA					vary arres	+		APPROXIM BETWEEN O	ATE INTERVAL NSET AND DEATH	
	á	Conditions, if ony, gave rise to imm		DUE TO, OF	probable		piration p	neumor	nia			
		cause (0), stating underlying cause	last.	(c)		ded	organie bri					
_	TION						NOT RELATED TO THE TERM					
7	150	9a DATE OF OPERATION 19b. CONDITION FOR WHICH OPER								B IF YES, WERE FINDINGS USED CERTIFYING CAUSES OF DEATH? YES NO NO		
L	RTIFIC								YES			
1	CAL CERTIFICATION	210, ACCIDENT WAS UNDI OR CONTRIBUTING C	AUSE OF DEATH	216. TIME OF HOUR A.A P.A	A. MONTH DA	Y YEAR	21c HOW INJURY OCCURR		YES			
1	MEDICAL CERTIFIC	OR CONTRIBUTING C	AUSE OF DEATH AL EXAMINER)	HOUR A.A P.A 21e PLACE C	A. MONTH DA	19	211 LOCATION STREET		YES URY IN ITEM 18 PAR			
1		OR CONTRIBUTING CONTRIBUTIONS	AUSE OF DEATH AL EXAMINER) ED (E	HOUR A.A.P.A. 218 PLACE C (AT HOME STRI	A. MONTH DA A. DE INJURY SET FACTORY, OFFICE FA deceased from 19 19	19 (RM ETC)	211 LOCATION	CITY OF T	YES URY IN ITEM 18 PAR OWN	COUNTY	STATE	

ATTENDING MEDICAL SAFF
PHYSICIAN DIRECTOR PHYSICIAN 77e ADDRESS

230 BURIAL, CREMATION, REMOVAL
BUTIAL

July 23,

1987Maryland Veterans Chertenham

MD

24 FUNERAL DIRECTOR

MPORTANT

BP.

DHMH - 16 60M 7/B4

(VRA 15, 4)

Arehart Funeral Home inc. LaPlata

250 DATE REC'D. BY REGISTRAR 25) REGISTRAR'S SIGNATURE

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	a'vaa .i				atten well
u in r		eturan Lo	tte [#1]	all Mario	ner otte
531	utē 5,	Mari d	head ott	j	bns/yas
		n milin			itake na mu
amoti one	rnall etgr	a charlott	72-2-67		
	rinc#fac ens			-s vinv	t = f = ur
and with	1 182 60	t Lete, D	The . Let	nernI kese	u dannet u

BP.

DHMH-16 25M

(VRA 15, 4) 1/79

24 FUNERAL DIRECTOR

060831

1. DECEASED NAME (TYPE OR PRINT)

3 SEX

F#ST IDA

Female

4 RACE

Wh

DEPARTM	ENT OF H	OF MARYLAND EALTH AND MENTAL HYG ICATE OF DEATH	IENE A.Z.	21437
GASS		EVILLE	JULY 21, 19	87 YEAR IN HOUR
ite	5. DATE C		6 AGE (IN YEARS LAST BIRTHDAY) 95 YR	# UNDER I YEAR # UNDER 24 HRS MONTHS DAYS HOURS MIN
S.A.	MARRIEI WIDOWE	NEVER MARRIED	BALTIMORE CITY OR COU	Mary's Co. MD
ospital, nursing fracility, give street a ber Hous	DDRESS)	R OTHER INSTITUTION	120 USUAL OCCUPATION (1YPE OF WORK FOR MOST OF WORKIN NUISE	IZE KIND OF BUSINESS OR INDUSTRY
GIVE RESIDENCE BEFORE 13c CITY OR TOWN Lexing	4	134 INSIDE CITY LIMITS?	Great Mills	Rd. 20653
Gass		IS MOTHER'S MAIDEN NA	Maria	Harden
579-26-		A, Mabel H	ADDRESS Ri ayden, Leonai	rdtown, MD. 20650
ine for (a), (b), and	arr	est		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
HILLOS &	NCE OF Perofe	iheart Dr	cove	5+44

250 DATE RECD. BY REGISTRAR'S SIGNATURE JUL 24 1987 Julia Dender Landre

			DODE.	10,1001		INS				
e la	78 BIRTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF WHAT COUNTRY?	I WARRIED T	NEVER MARRIED	9 BALTIMORE CITY OF	R COUNTY OF DEATH				
	MD.	U.S.A.	WIDOWED X	DNORCED	S	t. Mary's	Co. MD			
	10 CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSIN		HER INSTITUTION	12a USUAL OCCUPATION OF WORK FOR MOST OF		OF BUSINESS OR			
	Lexington Park	Amber Hou			Nurse	WORKING (PE) INDUSTR				
-	IUSUAL RESIDENCE IF NURSING HOME OR 130. STATE 113b. COUN	other institution, give residence before TY 13c CITY OR TOWN Mary's Lexing	N 1134 I		ise Street Address Great Mil	1s Rd.	653			
/	14_FATHER'S NAME		15. N	OTHER'S MAIDEN NA	ME	110 -2 10 2				
	George W	Gass		Julia	Maria	Har	rden			
į	140 WAS DECEASED EVER IN U.S. ARA	WED FORCES? 16h SOCIAL SECU	RITY NO. 17 I	FORMANT	ADDRE	⁵⁵ Rt. 1, B	Box 17A			
	No	579-26-	9729-A	Mabel Ha	ayden, Lec	nardtown,	MD.20650			
		ly ane cause per line for (a), (b), and	d resi			BETWEE	NONSET AND DEATH			
	PART I DE ATH WAS CAUSED	E CAUSE (0) Cardine	arrec	it .						
		DUE TO, OR AS A CONSEQUE								
	Conditions, if any, which	(1/40 0) (3) - 4-()								
	gove rise to immediate cause (a), stating the	cause (o), stoting the DUETO, OR AS A CONSEQUENCE OF								
	underlying couse lost									
ì		ONDITIONS CONTRIBUTING TO	EATH BUT NOT	RELATED TO THE TERM	INAL DISEASE OR CONE	DITION GIVEN IN PART	1(01			
	190 DATE OF OPERATION 210 ACCIDENT WAS UNDERLYING									
į	190 DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WA	SPERFORMED	20a AUTOPSY?	206. IF YES, WERE FIND IN CERTIFYING CAUSE				
	#				YES NO	YES 🗌	NO 🗆			
ij		THE PARTY OF THE P	Y YEAR 2)c.	HOW INJURY OCCURE	RED (ENTER NATURE OF INJUR	Y IN ITEM 18, PART 1 OR PART 2]				
ı	JIF EITHER, NOTIFY MEDICAL EXAMINER)	P.M.	19							
	THE EITHER, NOTIFY MEDICAL EXAMINER) 21d, INJURY OCCURRED	210 PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, F		LOCATION	CITY OR TOW	W COUNTY	STATE			
	WHILE NOT WHILE AT WORK									
		dall attended the deceased from	7 19-	70 . 19	, to	19/98	that (I) (we) lost			
ı	sow the deceosed olive on, above, (1) (we) (did) (did not		, dile tile		death occurred on the do	/				
ì	22h SHGHTAFLIRE		DEGR		/ MEDICAL STAF		TE SIGNED			
		es			MEDICAL STAF	IAN .	21.87			
7	ZAL PHYSICIAN & NAME 114PE OF		22e	ADDRESS						
	John 'F. Fen	wick, M.D.		Leonardt	own, MD.	20650				
	230 BURIAL, CREMATION, REMOVAL			ERY OR CREMATORY	234. LOCATION LITY OR LOWN	COUNTY	STATE			
	(SMECIFY) Burial	7-23-87 S	acred l	neart	Bushwoo	od, St. Mary	Y'S,MD.			

MD

ADDRESS

W. Clarke Mattingley Leonardtown

TO THE

061362 JUL

deoth. Page 4 may

I director, page 3 hours after death

injury, or other troumatic event, th

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottendin should be detached for use as the buriol-tronst permit. Then please remove carb with the State Dept. of Health and Mental Hygiene prior to buriol, cremation, or IMPORTANT: If them 21 is marked or them 18 shows any injury, or other troumotte.

STATE OF MARYLAND

HYGIENE

DEPART	MENT	UF	HE/	ALTH	AND	MENTAL	ı
	CER	RTI	FIC	ATE	OF	DEATH	

8 / REG.	NO. 2	1	64	3	8	
20 DATE OF DEATH	MONTH	DAY	YEAR	2b F	IOUR	
T7 077	4007			E.	COA	

	1.	FOR STATE			DEPART		EALTH AND MENTAL H	YGIENE				2 1	
3	08	REGISTRAR				CERTIF	ICATE OF DEATH	8	REG. NO.	2 1	6-3	5 8	5
		DECEASED NAME FIRST MIDDLE LAST YPE OR PRINT;							E OF DEATH MON	VIH DAY	YEAR	25 HOUR	R
1		MAI	URICE	GO	FF NE	WLAND		Jul	v 27 108	87		5:50	M A
	3. SEX		4.	RACE		5. DATE C		6. AGE	(IN YEARS LAST BIRTHDA		UNDER I YEAR	HOURS	24 HRS
1		Male		Whit	e	May	7 29 1907		80	YRS	VINS DATS	HOURS	M IN.
4		RTHPLACE (STATE OR FO	REIGN 7	CITIZEN OF	WHAT COUNTRY	? 8	D NEVER MARRIED	9 BALTI	MORE CITY OR CO	OUNTY O	FDEATH		
Н		Florida		U.S.	Α.	WIDOWE			St. Maj	rvis	Counts	r	MD.
2	10 CT	TY OR TOWN OF DEAT	rH 1	I. NAME OF	HOSPITAL, NURS	ING HOME C	OR OTHER INSTITUTION	120 USU	JAL OCCUPATION		126. KIND O		
		Leonardtow			HEACILITY, GIVE STREE		1	10	work for most of wo		Const	- 2010	+ i 0
	USUA	AL RESIDENCE (IF NURSIN	IG HOME OR O	THER INSTITUTION	GIVE RESIDENCE BEFO	RE ADMISSION)			2		Consi	1,110	
	13a S		St.Ma	_	13c. CITY OR TOV		13d. INSIDE CITY LIMITS? YES \(\begin{array}{ccc} NO \(\oldownlime{\chi} \end{array}		ET ADDRESS / ZII		20626		
	14 FA	THER'S NAME	ot.Ma	ту 5	DOTTAME	<u> </u>	15. MOTHER'S MAIDEN N	IRt.	2 Box	135/	20636)	
		FIRST	·Un	Known	EAST		FIRST	Ur	nknown		LAS	it .	
1		VAS DECEASED EVER IT		ED FORCES?	166 SOCIAL SEC	URITY NO.	17 INFORMANT Fr	iend	ADDRESS	Rt.	2 Bc	ox 16	60
		s Army	14 725, 5772	TAN ON DATES	261-24	-3407	John W.C.	labau	gh.Jr.	-			
		IB CAUSE OF DEATH PART I. DEATH WA	l (Enter anly	ane cause per	line for (a), (b), a	ind (c).)			2063			MATE INTERV	VAL
1			MMEDIATE	CAUSE (a)	ar oute	an	est						
1		DUE TO, OR AS A CONSEQUENCE OF											
1		Conditions, if any, which (th) Occasis									246	1.	
1		gove rise to immediate couse (o), stating the DUE TO, OR AS A CONSEQUENCE OF									,		
		underlying cause	lost.	(6)	Rona	2 51	reet down	1/2	deu)		244	1	
1		PART 2 OTHER SIGN	IFICANT CO	NDITIONS CO	ONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TE	RMINALDISI	EASE OR ONDITI	ON GIVEN	IN PART 1	0	
П	O												
1	CERTIFICATION	19a. DATE OF OPERATION 19b. CO			ONDITION FOR WHICH OPERATION WAS PERFORMED			20a A	UTOPSY? 20	b. IF YES, V	VERE FINDIN	GS USED)
	F	TEN LISTE						YES		YES [NG CAUSES	OF DEATH	
5	ER	210. ACCIDENT WAS UNDE	RLYING	216. TIME O			21c. HOW INJURY OCC						
		OR CONTRIBUTING CA			M. MONTH [
	MEDICAL	21d. INJURY OCCURRE		P. 21e. PLACE		19	21f. LOCATION	-					
	ME	WHILE NOT WHILE	E 🗍	(AT HOME STR	REET, FACTORY, OFFICE	FARM, ETC)	STREET		CITY OR TOWN		COUNTY	ST	TATE
	1 6	220.1 certify that (I) () attended th	e deceased from		. 19	, to				that (I) (w	vel lost
1		sow the sections of otto-sections (file web ide					nd that in (my) (our) apinio		urred on the date of				
		12h SIGNATURE	d) (did not)	view the body	after death.		DEGREE				27¢ DATE	SIGNED	
9		6 11		P			ATTENDING	MEDIC	CAL STAFF		7.	29.8	7
-	-9	PHYSICIAN NAME (TYPE OR PRINT) 27d. PHYSICIAN NAME (TYPE OR PRINT) 27e. ADDRESS							OR PHYSICIAN	1	1	10	
/					- T								
-	12. 0			wick, l		NIAME OF C	Leonardto		d. 20650 OCATION				
		SURIAL, CREMATION, R		236 DATE					CITY OR TOWN		CUNTY		TATE
	24 61	Burial		7/29	101	marie	es Mem.Gard	iens/.	Leonard			MI).
		NIAME	M-41		ADDRESS	3.	11(1)	JU 19	87	THE RE	AMANA	THE STATE OF THE S	
		W.Clarke	Matt	rudie.	y Leon	ardto	wn, MD.				JAN 19.		

DHMH - 16 60M 7/84 (VRA 15, 4)

TO HOSPITAL OR ATTENDING

BP.

CTOCK AN ANTACK COMMISSION OF THE COMMISSION OF

DHMH - 16 60M 7/B4 (VRA 15, 4)

STATE OF MARYLAND

1029 JUL 29	87	FOR STATE REGISTRAR			DEPARTM	ENT OF H	EALTH AND MENTAL HYG	IENE REG. I	vo 1	4 3	4
			IRST	MIDE	DLE	L	AST	20. DATE OF DEATH	MONTH D	DAY YEAR	26 HOUR
oy be deoth	TTYPE	DERN BERN	IARI	SI	NCLAIR		NORRIS	July 25	, 198	7	08:30
a bod	3. SEX			4. RACE		5. DATE O		6. AGE (IN YEARS LAST E		IF UNDER I YEAR	IF UNDER 24 HRS
ge 4 ector	Ma	ale		White		June	24,1901.	86	YRS	ONTHS DAYS	HOURS MIN.
Po Pour	7a. Bl	OUNTRY)	IGN	76. CITIZEN OF WH	AT COUNTRY?	8 MARRIET	NEVER MARRIED	9 BALTIMORE CITY			
de out	MI).		U.S.		WIDOWE	D DIVORCED			's Co	unty MC
117/		TY OR TOWN OF DEATH		11. NAME OF HOS	SPITAL, NURSING	G HOME O	R OTHER INSTITUTION	12a. USUAL OCCUPA (TYPE OF WORK FOR MOST	TION OF WORKING LIFE	INDUSTRY	F BUSINESS OR
S S		eonardtown			Mary S		pital	Watermar	1 .	Seaf	ood
24 ho	13e. S MI).	b. COUN	ITY 13	E RESIDENCE BEFORE LOTY OR TOWN HOLLYW	4	13d. INSIDE CITY LIMITS?	Rt. 1, E	ZIP CODE Sox 37	2/2063	36
4 6/00人	14. FA	THER'S NAME		MIDDLE	LAST		15. MOTHER'S MAIDEN NA	ME MIDDLE		IAS.	
B MONO		James		tson	Norris	5	Myrtle	1110111		Wood	
nd co		AS DECEASED EVER IN		F WAR OR DATES!	SOCIAL SECU		17 INFORMANT	ADD	RESS		
s. Po	No			2	19-16-0	0826	Mary L. No	orris, s	ame a	s 13e.	
cote oper oper ovol.		18 CAUSE OF DEATH	Enter or	ly one couse per line	for 101, (b), and	100	1 1 -	- //		BETWICH C	MATE INTERVAL
g ph on p				E CAUSE (o)	aral	open	emmary Ta	Murs	>	N	U
oth ce corb notic				DUE TO, OR A	S A PONSEOUE	NOT OF	18			11	(0) -
the contract of the contract o		Conditions, if ony, w gave rise to immed		((b)	001	ond	M Dura	101	 1	4	1
1 111		couse (0), stating		DUE TO, OR A	ACONICEOUS AND A	dry.	la Brain	Lund	inne	4	1.
	Z	PART 2 OTHER SIGNIF	ICANT	CONDITIONS CON	TRIBUTING TO D	ATH BUT	NOT RELATED TO THE TERM	INAL DISPASE OR COL	NDITION GIVE	N IN PLAT III	1
	CERTIFICATION	190 DATE OF OPERATIO	N	- 19b. CONDITIO	N FOR WHICH	OPERATION	N WAS PERFORMED	200 AUTOPSY?		WERE FINDIN	
28 113 35	GE I	21a. ACCIDENT WAS UNDERL	_				21c HOW INJURY OCCURE	ED (ENTER NATURE OF IN	URY IN ITEM 18 PA	ART I OR PART 2)	
No total	¥	OR CONTRIBUTING CAU (IF EITHER, NOTIFY MEDICAL			MONTH DA	1 TEAR					
A Marie	MEDICAL	21d. INJURY OCCURRED		21e PLACE OF			216. LOCATION	CITY OR 1	OWN	COUNTY	STATE
offe offe	2	WHILE NOT WHILE		(AT HOME, STREET,	FACTORY, OFFICE, FA	RM, ETC.)	SIREET	- CIII OK	/ _	- 1	SIMIL
ADIS A A A A A A A A A A A A A A A A A A A		22a.1 certify that (1) (th	r hosp	(a) attended the d	eceosed from		19.65		125	987	that (I) (last
Part of the state		sow the deceased above, (1) (olive on	ti view she bady atte	25 19 8	, an	d that in (my) (a) opinion (death accurred on the	ote and hour	ond from the	ouses stated
AN WEST		22b. SIGNATURE	Tame and	1/1	S Georg	1	5975			TIL DATE	SIGNED
五十 五十二		A	At	- He	Nose	A	ATTENDING PHYSICIAN D	MEDICAL ST.	AFF	7/2	187
E- 200 3	1	174 PHYSICIAN'S PANI	(TVME C	Thurs a		V	22e. ADDRESS			11	101
5 m 5 m 6		James P	J	arboe, N	i.D.		Leonard	town, Ma	ryland	1 206	50 /
5.5 5.2.54	23a B	URIAL, CREMATION /RE/	MOVAL	236 DATE	23c. N	AME OF CE	METERY OR CREMATORY	23d. LOCATION			
BP	(Burial		7-29-8			ns Cemetery	Hollyw	ood,S	t.Mary	's,MD.
DHMH - 16 60M 7/B4		NERAL DIRECTOR					25a. DAT	REC'D. BY REGISTRA	R 25b. REGISTE	RAR'S SIGNATI	URE
(APA 15 A)	W	Clarke Ma	++i	naley L	AODRESS	OWD	MD JI	11 2 8 1987	, journey	Burney	· Amande

14	07	FOR STATE REGISTRAR CEASED NAME	FIR5T	N	DEPART	MENT OF H	E OF MARYLAND EALTH AND MENTAL HYG ICATE OF DEATH ASI	IENE REG. N. 120. DATE OF DEATH		YEAR	Ü Izh HOUR
		OR PRINT)	EDN	IA C	ECELIA	RA	LEY	July 10,			4:44P
-13	3. SE	Х		RACE		5. DATE C		6. AGE (IN YEARS LAST BIR	THDAY) IF U	NDER I YEAR	IF UNDER 24 HRS
		Female		Whit			.22,1913 FEAR	74	YRS.		MIN.
5	M			U.S		MARRIE		St. Mar	_		MD.
6		teonardt	own	(IF NOT IN SUCI	St. Ma	ry s	Hospital	120 USUAL OCCUPATION OF COMMON TO THE PROPERTY OF WORK FOR MOST COMMON TO THE PROPERTY OF THE	F WORKING LIFE)	NDUSTRY	F BUSINESS OR
4	13a S		136. COUN		136. CITY OR TON Ridge	NN I	134 INSIDE CITY LIMITS? YES NO 🛣	13e STREET ADDRESS . General	ZIP CODE Delive	ry/20	0680
7	14. FA	ATHER'S NAME FIRST		VIDDLE	LAST		15. MOTHER'S MAIDEN NAM	ME		LAS'	
4	17 3	Thomas		gar	Stone		Ada	40000		Fenha	agan
	16a V	VAS DECEASED EVER II YES, NO OR UNKNOWN) NO		WAR OR DATES)	166 SOCIAL SEC 219-56-		17 INFORMANT	ADDRE		D.'	- NED
			LC				James I. R	arey, Gen	. Del.		MATE INTERVAL DINSET AND DEATH
	73	18. CAUSE OF DEATH PART I. DEATH WA	AS CAUSED	y one cause per BY: E CAUSE (a)	Zer fal face	Luca 3	colum			BETWEEN C	ONSET AND DEATH
)	NO	Conditions, if any, gave rise to imm couse (a), stating underlying cause PART 2 OTHER SIGN	ediate 1 the last.	(b) DUE TO, OR	r as a gonsequ	PENCE OF		INAL DISEASE OR CON	DITION GIVEN	5 d	5
9	CERTIFICATION	19a DATE OF OPERAT	ION	196 CONDI	TION FOR WHICH	H OPERATIO	N WAS PERFORMED	YES NO	206. IF YES, W IN CERTIFY IN YES	ERE FINDING CAUSES	GS USED OF DEATH?
7	CAL CER	210. ACCIDENT WAS UNDE OR CONTRIBUTING CA (IF EITHER, NOTIFY MEDICA	AUSE OF DEAT	21b. TIME OF HOUR A.A	M. MONTH	DAY YEAR	21c HOW INJURY OCCURR	PED (ENTER NATURE OF INJUI	RY IN ITEM 18 PART I	ORPARI 2)	
	MEDI	21d INJURY OCCURRE		21e PLACE C	OF INJURY EET, FACTORY OFFICE.	FARM, ETC)	211 LOCATION STREET	CITY OR TO	WN	COUNTY	STATE
		220.1 certify that (1) (saw the deceased above, (1) (we) (di					d that in (my) (our) opinion o	eoth occurred on the de	te and hour on		that (I) (we) last causes stated
		226. SIGNATURE	_	e.				MEDICAL STAI	F IAN []	7 - i	SIGNED
/		22d PHYSICIAN'S I A			ck, M.D		122e ADDRESS	rdtown, l	id. 206	550	
-	23a. E	BURIAL CREMATION R					EMETERY OR CREMATORY	23d LOCATION			
1		Burial		7-13-	1987 5	St. M:	ichael's	Ridge, S	t.Mary	S, MI	STATE
84		INERAL DIRECTOR Clarke M	atti	ngley,	Leonard	dtown		JL 1 3 1987		SSIGNATI	

DHMH - 16 60M 7/84 (VRA 15, 4) La ideal and the said

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ST	AT	E C)F	MA	RYL	AND

		500						OF MARYLAND						
-48	.1 -	FOR STATE REGISTRAR			DEP	ARTM		EALTH AND MENT		ENE	REGINO		44	
			IRST	M	IDDIE		L	AST		2a. DATE OF			DAY YEAR	2b. HOUR
	(TYPE	OR PRINT)	LEN	RU	JSS		SAND	MAN			JUI	LY 26	. 1987	3:30а м
	3. SE	·	- 4	RACE		1	S. DATE C		rEAR	6. AGE (IN YE		DAY)	IF UNDER I YEAR	IF UNDER 24 HRS.
		EMALE		CAUCAS1				25, 1903		83		YRS.	MONTHS DAYS	HOURS MIN
785	C	RTHPLACE ISTATE OR FOREI	GN 7b	CITIZEN OF V		TRY?	8 MARRIEI	D NEVER MARR	IED 🗆	9 BALTIMOS	RE CITY OR	COUNTY	Y OF DEATH	
(a)		ENNSYLVANIA		U.S.			WIDOWE				MARY			MD.
	R	TY OR TOWN OF DEATH		BAYNE	ROAD	STREET A	DDRESS)	OR OTHER INSTITUT	ION	120 USUAL C (TYPE OF WORK SECR)			FE) INDUSTRY	SERVICE
3	MA		T. M	ARY'S	13c CITY OR RIDGI	TOWN	ADMISSION)	136 INSIDE CITY LI YES NO	MITS?	13e STREET A	136,	BAYN	IE ROAD	20680
63	14. FA	THER'S NAME	MID	DIE	LAST			15. MOTHER'S MAI			MIDDLE		LAS1	
\$ 4	14 n V	FRANKLIN VAS DECEASED EVER IN		YMOND	RUSS		ITY NO	EMMA 17. INFORMANT	1	C.	ATHER!		GOET	
medica	()			AR OR DATES)	577-22			NATHALIA	G. (CROSBY		R ROU INIG	OES, MD	
t, th		18 CAUSE OF DEATH (I PART I. DEATH WAS	Enter only	one couse per l	line for (a), (b	ond	151.1	t	-	0		1	BETWEEN O	MATE INTERVAL INSET AND DEATH
ever	13		MEDIATE		fruite	-/	eci.	nery	(eri	elro	rocul	as		
Hote				DUE TO, OR	AS A CONS	EQUE	NCE OF				Acer	low	No	
trou		Conditions, if ony, w gave rise to immed	liate	(b)										
othe		cause (0), stoting underlying cause		DUE TO, OR	AS A CONS	13UQ3	NCE OF							
10.01	,	PART 2 OTHER SIGNIF	CANT CO	NDITIONS CO	NTRIBUTING	TO DI	EATH BUT	NOT RELATED TO T	HE TERMI	NAL DISEASE	OR COND	ITION GIV	VEN IN PART 110	
)ŧ	CERTIFICATION	19a, DATE OF OPERATIO	N	TISE CONDIT	ION FOR W	нісн с	OPERATIO	N WAS PERFORMED	0	20a AUTO	PSY?	20h IF YES	S, WERE FINDIN	GSTISED
2	IFIC			1,10				THO TEM OWNER		YES	NOIX	IN CERTIF	FYING CAUSES (OF DEATH?
	CER	21a. ACCIDENT WAS UNDERL		21b. TIME OF		DAY	VEAD	21c. HOW INJURY	OCCURR		- 12			
7	CAL	OR CONTRIBUTING CAU		P.N	л. моптн л.	DA'	YEAR							
morkedor	MEDICAL	216 INJURY OCCURRED WHILE NOT WHILE AT WORK		21e PLACE C (AT HOME, STRE	OF INJURY SET, FACTORY, OF	FICE, FA	RM, ETC.)	21f. LOCATION STREET			CITY OR TOWN	4	COUNTY	STATE
Si Bo		22a 1 certify that (I) (th				om_	11- 1	, 19	76	, to	7-26	,	1987 , 1	that (I) (we) last
7		sow the deceased obove, (I) (we) (did)	(did not)	7-30		190	, on	d that in (my) (our)	opinion d	eoth occurred	on the dat	e ond hou	ir and from the c	ouses stoted
# #eu		22b. SIGNATURE	A	1				DEGREE ATTEN	IDING	MEDICAL	STAFF	8	7-29	
\ddot{z}	17	226. PHYSICIAN'S NAM		1					ICIAN [1/2/	8-/
IMPORTANT:		JAMES C.		M.D.					FERSO	N ST.,	LEON	ARDTO	OWN, MD.	20650
≤ ▼	23a B	URIAL CREMATION REA		036. DATE		23c. N.	AME OF C	EMETERY OR CREM		23d. LOCA	TION		COUNTY	STATE
		BURIAL	1	7/29/8	37	S	r. MI	CHAEL'S					RY'S, MA	
3		WARD N. BRII	CETE	ID ID	T ADDRES	ÎA DI	OTO MINI		100				TRAR'S SIGNATU	
	עניב	MARD N. DRII	AOLIE	шu, UK.	, LEUI	YHY.	DIOMI	, IVIII).	ALIG	3 408	27	1 . 1	~ . A	0

DHMH-16 60M 1/73 (VR A 15 (4))

NAME OF THE OWNER, OF TAXABLE PARTY.

		FOR STATE REGISTRAR			DEPART	STATE OF MARY MENT OF HEALTH AN CERTIFICATE O	D MENTAL HY	GIENE
06072	3 JUL	2748 PRINT)	ALBER	T	BERNARD	SCHNEI	DER	20 D
b/:	is often	Male	3118	4 RACE	White	5. DATE OF BIRTH MONTH DAY 4 22	1901	6. AC
P. P.	2 hou	To. BIRTHPLACE (STA	TE OR FOREIGN		N OF WHAT COUNTRY		RMARRIED -	9 BA

L HYG	REG. NO.	2	1	1	14	12
		37	2000	YEAR 6	3:	004
	6. AGE (IN YEARS LAST BIRTHDAY)	IF UN	DE	RIYEAR	IF UNDER	24 HRS
1	86 yrs.	MONT	45	DAYS	HOURS	MIN.
	St, Mary's	Y OF I	DE	ATH		MD.
N	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING L			KIND O USTRY	F BUSINE	SS OR

4	3. SEX		4 RACE					6. AGE IN YEA	RS LAST BIRTHDAY)	IF UNDER I YEAR	IF UNDER 24 HRS
	M	ale	Wh	ite	4 MONTH	22 DAY	1901	86	YRS.	MONTHS DAYS	HOURS MIN.
9		HPLACE (STATE OR FOREIGN	76. CITIZEN OF	WHAT COUNTRY?	В			9 BALTIMOR	ECITY OR COUNT	Y OF DEATH	
1		ew York	U.S.	Α.	WIDOWE	D NEVER	MARRIED	St.	Mary's		MD.
ì		OR TOWN OF DEATH		HOSPITAL, NURSIN			TITUTION	12a USUAL O		12b. KIND O	F BUSINESS OR
2	Le	eonardtown	SE.	HEAGILITY GIVE TIEST A	Fosp	ital			lachinist		al Gov't
1		RESIDENCE (IF NURSING HOME OR	OTHER INSTITUTION	GIVE RESIDENCE BEFORE	ADMISSION)					(-)	<u>ar </u>
	13a ST/		/A	Wash., D		YES K	NO [G Stree		03
	14. FATI	HER'S NAME	WIDDIE	LAST		15. MOTHER	S MAIDEN NAM	ME MIDDLE			
ł		Hyman	WIDDE	Schneid	er		Mary		WIDDIE	N/A	
1		S DECEASED EVER IN U.S. AR		166 SOCIAL SECUE	RITY NO.	17 INFORM	ANT	19.77	ADDRESS	2	0627
1	†YES	NO OR UNKNOWN) (IF YES, GIV	E WAR OR DATES)	579-32-9	660	Alice	M. Rom	eo	Rt. 24:		ton, Md.
١	1	8 CAUSE OF DEATH (Enter on	lu ann sausa nas						700		MATE INTERVAL ONSET AND DEATH
١		PART I. DEATH WAS CAUSE	D BY:	COVOL	0 1	080	o. to.	1.0	Fris.	BETWEEN	DNSET AND DEATH
ı		IMMEDIA	E CAUSE (o)	- 4.Cu	0 /	(0)17	1000	7	1 cur		
1		o to	DUE TO, OI	PAS A CONSEQUE	NCE OF	0.	11 01	V	Cvic	: +	
ı		Conditions, if ony, which gove rise to immediate	(b)_/) Cur		-ea	KEW	110	0117	14.	
ı		couse (a), stating the underlying couse lost.	DUE TO, OI	RAS A CONSEQUE	NCE OF	coch	12012	· C	12	0	
4			(c)	1790	0 0	451	CANY	<u> </u>	Juen	Oikex	
1		ART 2 OTHER SIGNIFICANT	ONDITIONS CO	ONTRIBUTING TO D	EATH BUT	NOT RELATE	O TO THE TERM	INAL DISEASE	OR CONDITION G	IVEN IN PART 110	3
	CERTIFICATION	Tancy	TOP	Rnia							
	ICA IS	DATE OF OPERATION	196. COND1	TION FOR WHICH	OPERATIO	WAS PERFO	DRMED	200 AUTOP		ES, WERE FINDIN IFYING CAUSES	
	E L								NO	res 🗌	NO 🗌
ì		DR CONTRIBUTING CAUSE OF DEA	110110 4	FINJURY M. MONTH DA	Y YFAR	21c HOW IN	JURY OCCURR	ED (ENTER NATU	IRE OF INJURY IN ITEM 18	PART I OR PART 2	
	₹ `	(IF EITHER NOTIFY MEDICAL EXAMINER	THE STATE OF THE S		19						
ı	MEDICAL	14 INJURY OCCURRED	21e PLACE	OF INJURY	Day ETC 1	211 LOCATI			CITY OR TOWN	COUNTY	STATE
1		T WORK NOT WHILE T	TAI HOME SIN	EET PACTORT, OFFICE, FA	iam EIC)						
-	2	20.1 certify that (I) MXXXXX	(M) oftended the	e deceased from	Febru	ary	, 19.87	, to	July 21,	. 19_87	that (I) * lost
		sow the deceased alive an above, (1) (XXXIII) (did no	July	20, 19 8	, on	d that in (my	(aXiXopinion o	death accurred	on the date and ha	our and from the	couses stated
	2	2b. SIGNATURE		oner deam.		DEGREE				22c. DATE	
			21			MI	ATTENDING PHYSICIAN	MEDICAL	STAFF PHYSICIAN []		
1	2	24. PHYSICIAN'S NAME (TYPE O	R PRINT			22e. ADDRE		JOHECTORE	,	1	
		A -1 -	15 B.	21 37 7			T	4.	2/2		

Adinath Patil, M.D. 230 BURIAL, CREMATION, REMOVAL 23b. DATE

Leonaratown, Ma

23c. NAME OF CEMETERY OR CREMATORY ry Alexandria Fairfax Va. Metropolitan Crematory REGISTRAR 25% RELIEF RESCRIPTION

24 FUNERAL DIRECTOR

Cremation

G.P. Kalas F.H. 6160 Oxon Hill Rd. Oxon Hill, Md.

7-21-87

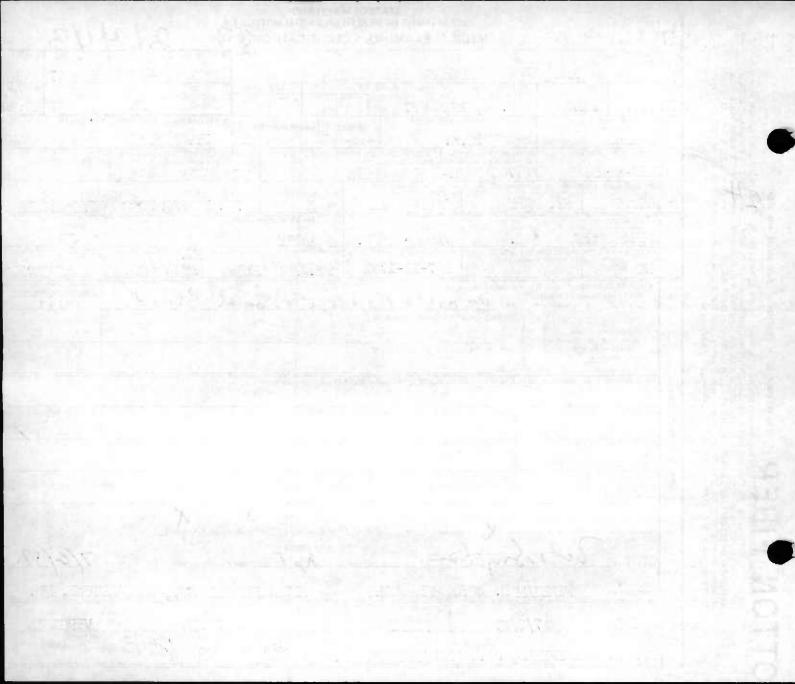
DHMH - 16 60M 7/84 (VRA 15, 4)

TO FUNERAL DIRECTOR

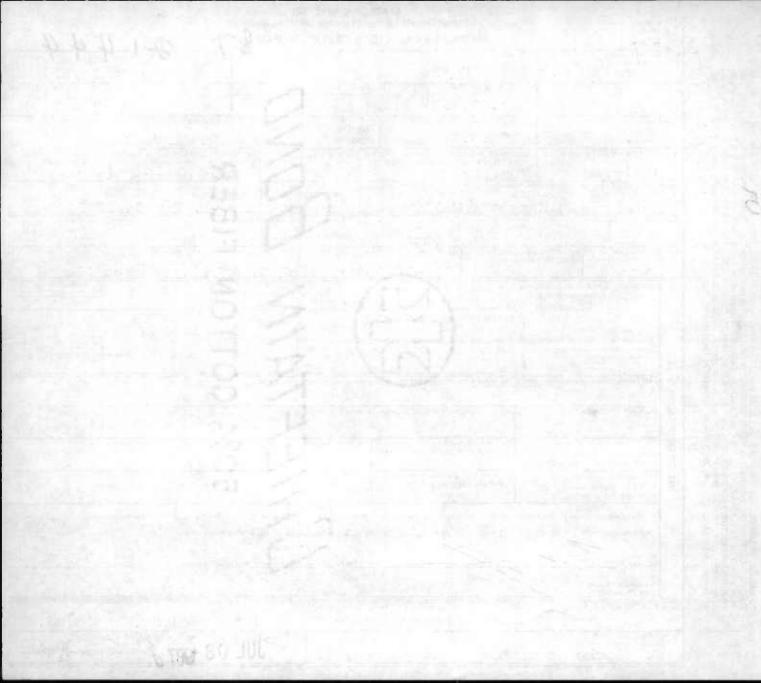
IMPORTANT: If he

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE REGISTRAR DECEASED NAME OF ESTI-(TYPE OR PRINT) ANN **VAUGHAN** SMITH 4. RACE 3. SEX DATE OF BIRTH & AGE (IN YEARS 2d HOUR IE UNDER 24 HRS 2c. DATE LAST BIRTHDAY PRONOUNCED FEMALE JULY 5, 19 87 10:30 4, 1920 WHITE FEB. 67 DEAD 9. BALTIMORE CITY OR COUNTY OF DEATH TO. BIRTHPLACE (STATE OR 7b. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED FOREIGN COUNTRY VIRGINTA U.S.A. ST. MARY'S DIVORCED X WIDOWED [IN CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 12a USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS OR INDUSTRY CALIFORNIA 702 POPLAR WOOD DRIVE HOMEMAKER ST. MARY'S 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS CALIFORNIA 702 POPLAR WOOD DRIVE YES X NO 1 20619 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE LAST LAST CHRISTOPHER VAUGHAN, JR. KOINER LYNDA 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT RT. AD# 155 BOX 543 167-12-1791 NO HOLLYWOOD, MARYLAND 20636 MRS. ANN LEWIS. 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c). PART I DEATH WAS CAUSED BY SASTROINTESTONAL BLEED DRD "PENDING"
CHIEF MEDICAL EXAMINATION OF THE MEDICAL TRANSIT PERMITE USED AS A BURIAL TRANSIT PERMITE USED AS A BURIAL HYGIENI DUE TO, OR AS A CONSEQUENCE O Conditions, if ony, which gove rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse lost PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) CERTIFICATION 198 DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED? GE 4 SHOULD BE FORWARDED TO THE WORD"P FUNERAL DIRECTOR, PAGE 3 SHOULD BE USED THE DEATH, WITH THE STATE DEPARTMENT OF HE ILTMORE, MARYLAND, 21201 PRIOR TO BURNAL. 20 AUTOPSY? YES 21a EXTERNAL CAUSE WAS 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21d INJURY OCCURRED 21e PLACE OF INJURY (AT HOME. 211 LOCATION STREET, FACTORY, FARM, ETC.) CITY OR TOWN COUNTY WHILE AT WORK AT WORK 220 I certify that I took charge of the remains described above, held an and in my opinion Undetermined monner ACTUAL SIGNATURE EXECUTE 1
PAGE 4 S
TO FUNE
AFTER DE WILLIAM D. BOYD, II, M.D. LEONARDTOWN, MD ADDRESS 17 JEFFERSON ST (TYPE OR PRINT) 230 BURIAL, CREMATION, REMOVAL 236 DATE 23¢ NAME OF CEMETERY OR CREMATORY 23d LOCATION BURIAL 7/8/87 RICHMOND **HOLLYWOOD** VIRGINIA BP 24 FUNERAL DIRECTOR 256 REGISTRAR'S SIGNATURE Julia Devidson Rondales **DHMH - 17** EDWARD N. BRINSFIELD, JR., LEONARDTOWN, MD. (VR A15 ME (5)

20M 4/B2



Soce.	1	FOR STATE REGISTRAR			STA EPARTMENT OF ICAL EXAMIN			GIENE		11 11.	11.
992333		PECEASED NAME	FIRST		MIDDLE	LAST			NO. WO	ONTH DAY YEAR	2b HOU
2000年20日	1	TPE OR PRINT)	MARY	LC	UISE	Smit	h	OF DEATH	MATED X	7 2 1987	7
500 S	3. S	EX 4	RACE	S. DATE OF BIRTH	YEAR LAST BIRTHD			4 HRS 2c. DATE	MOI	NTH DAY YEA	AR 26 HOU
SN2 DER	12		White	Aug. 27,	32 54 y	RS.	DATS HOURS	DEAD		7 2 1987	
	70.	BIRTHPLACE (STATI FOREIGN COUNTRY) Md.	E OR	76 CITIZEN OF WHA		MARRIED	NEVER MARRIE			OUNTY OF DEATH	
ASS.		Ma .	DEATH	U.S.	A. ITAL NURSING HOM	WIDOWED	DIVORCE	St. I	Mary's C		M
三年 日本 日本 1	3		2010	(IF NOT IN SUCH FACE	LITY, GIVE STREET ADDRESS)	E, OR OTHER I	NSTITUTION	FOR MOST OF WORK	ING LIFE)	ORK 126 KIND OF OR INDU:	
BAZZES -	USI	Hollywo	IN NURSING HOME OF	Dew Dro	P Inn RESIDENCE BEFORE ADMISSI	ION)		Home n	naker	Hom	e
Series 3	File.	STATE	13b. COUNT		13c CITY OR TOWN		INSIDE CITY LIMITS?	3e STREET ADDRES		120020	
B Sie SA	111	Md .	ISC.M	ary's	Hollywood		MOTHER'S MAIDEN			/20636	
# F-399/01	1	Thomas	M	cGuire	Lacey		Margare		arv	Proten	
NOW WORK	160	WAS DECEASED E	VER IN U.S. ARM	ED FORCES?	16b. SOCIAL SECURIT	Y NO. 17	INFORMANT	L Mc	ADDRESS	Brown	
ALTH ALTH ALTH ALTH ALTH ALTH ALTH ALTH	1	(YES, NO, OR UNKNOWN	(IF YES, GIVE V	/AR OR DATES)	218-30-	3009	Joseph E	Abell	. same	as 13e	
LINE ON THE PARTY OF THE PARTY	Г	18. CAUSE OF E	DEATH (Enter only	one couse per line f						APPROXIM	ATE INTERVAL
N CHANGE		PARTIDEAT	IMMEDIATI	E CAUSE (o) C	irrhosis o	f live	2				
HYG WOV	1	Conditions	if any, which	DUE TO, OR A	S A CONSEQUENCE	OF				13 - 1	
MAN AND AND AND AND AND AND AND AND AND A	1	gave rise	to immediate	(b)		377					
NAME OF THE PARTY		lying couse	ating the <u>under</u> - last.	DUE TO, OR A	S A CONSEQUENCE	OF					
AAL E		PART 2 DTHER SIGNI	FICANT CONDITIONS C	(c)	IT NOT RELATED TO THE TERM	INAL DISEASE DE	CONDITION GIVEN IN PART	Liel			
ECOREND NAME OF THE COREND NAME OF THE COREND NAME OF THE COREND NAME OF THE CORENT NAME	Z				TO THE TERM	THAT DISCASE OR	COMBINION SITEM IN TAKE	(3)			
HEA HEA	CERTIFICATION	19a. DATE OF O	PERATION	196 CONDITI	ON FOR WHICH OPER	RATION WAS	PERFORMED?			20 AUTOPS	SY?
SHOULD SH				a balla						YES X	NO 🗆
CATE SE THE WORLD BE TAKENT	5 8	210. EXTERNAL O		216. TIME OF I	MONTH DAY YEAR	2 Ic HOW	INJURY OCCURRED	ENTER NATURE OF INJU	RY IN ITEM 18 PART 1	OR PART 2)	-1
NO THE CAR) 3	CONTRIBUTING	CAUSE OF D	EATH P.M.	19						
BEVISION S CERTIFIC RITING TH RDED TO SE 3 SHOUTE DEPART	MEDICAL	21d INJURY OC			FINJURY (AT HOME, DRY, FARM, ETC.)	71f LOCAT		CITY OR TOW	'N	COUNTY	STATE
WAR WAR VAGE		AT WORK	AT WORK								
" M ~ " O -		220. I certify	that I took charge	af the remains descr	nbed abave, held on	Autopsy	X, Inspection	, Inquiry	, ond in n	ny opinion	
EXAMINER CERTIFICAT ULD BE FOR OIRECTOR: I, WITH THE MARYLAND		death resulted	from: Nature	ol couses X,	Accident , Su	ncide,	Hamicide .	Undetermined mai	nner .		
MAR WAR		ACTUAL	///	. 0	/		TITLE (SPECIFY)		D	ATE 7-3-8	07
SHOW SHOW		SIGNATURE	17	-		M.D.	Assistant	MEDICAL EXAM	INER S	IGNED	3 /
MEDICAL EXAM RECUTE THE CERTI AGE 4 SHOULD B PUNERAL DIRE FTERDEATH, WITH	4	EXAMINER'S NA	AME Wild	iam M. Za	ne. M.D.	ADI	DRESS 111 PE	nn St.	Balto	MD 2120:	1
PAGE AFTER BALL	23a	BURIAL, CREMATIC			73c. NAME OF CE			236. LOCATION		COUNTY	
7/84 BP		Buria		7-6-87	Sacred	Hear				dary's,M	id.
5M DHMH - 17	24.	FUNERAL DIRECTO		ADDRESS				C'D. BY REGISTRAF	1 1 1.	7	2 000
(VR A15 ME (5))		W. Clar	rke Mat	tingley,	Leonardt	own, Mo	d. J	OF OR	B7. gwia	Devidson-A	ange



STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

060292 Jul	22	TE BISTRAR		DEPAI		CATE OF	MENTAL HYG DEATH	0 9	. NO. 9	23	A 1 44
		CEASED NAME FIRST	4	MIDDLE	L	151		20. DATE OF DEATH	MONTH	DAY YEAR	26 HOUR
deorh 3	(,,,,,		DICT	HARR	IS	STERLI	NG	July 17	1987		1:59 4
ê 8° X	3. SE	(4 RACE		5. DATE C			6 AGE (IN YEARS LAS		IF UNDER I YEAR	IF UNDER 24 HRS
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e et	Le	onardtown, M	D U.S	.A.	WIDOWE		ONORCED [St. Mar	y's Cow	nty	MD.
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NRDS, 201 W. PRESTON ST., B. requires that the death certifica an signed by the attending phys. Then please remove carban poper to burial, cremation, or remove injury, or ather troumotic event,	NOI	Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause last.	(b)	OR AS A CONSECUTIVE AS A CONSECUTIVE ON TRIBUTING 1	OUENCE OF	NOT RELATE	D TO THE TERM	INAL DISEASE OR CI			
DIVISION OF VITAL RECORDS, ING PHYSICIAN: The low requir r ottending physician. Wher this certificate has been sig os the buriol-transit permit. Then th and Mental Hygiene prior to b orked as them is shows goty injury	CERTIFICATION	190 DATE OF OPERATION	196 COND	ITION FOR WHI	ICH OPERATIOI	N WAS PERF	ORMED	20€ AUTOPSY?	IN CERTIF	S, WERE FINDS YING CAUSE S	NGS USED S OF DEATH? NO [
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HOSPITAL OR ATTENDI bined by the hospital or FUNERAL DIRECTOR. A bould be detoched for use the State Dept; of Heal he State Dept; of Heal		22e I certify that (1) (this has sow the deceased alive above. (1) (we) (did) (did) 22h SIGNATURE 22d PHYSICIAN'S NAME (TW.) William D.	on not) view the body	ratter death	?, on	PEGREE 22e ADDRE	ATTENDING PHYSICIAN	medical Director Physics	STAFF YSICIAN [r and from the	that (I) (we) last couses stated
₽₽	23a I	BURIAL, CREMATION, REMOV	AL 236. DATE 7/20/		St. A			23d LOCATION CITY OR TOWN Leona	rdtown	STM	MD.
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Total Title

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Tille D. Boyon . C. M. J. . .

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ATTENDING

1-	FOR STATE REGISTRAR			DEPARTA	MENT OF H	E OF MARYLAND EALTH AND MENTAL HYG ICATE OF DEATH	SIENE / REG. NO	2 1	. 4	6
	CEASED NAME	FIRST	MI	DDLE	i	AST	20 DATE OF DEATH	MONTH DA	Y YEAR	26 HOUR
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L	eonard	town	St. M	ary's H	ADDRESS) HOSPI	tal	120 USUAL OCCUPATION OF WORK FOR MOST OF WORK FOR WORK	F WORKING LIFE)	126 KIND OF INDUSTRY	BUSINESS OR
130 S MA	RYLAND	136 COUNTY		LEONARD		13d INSIDE CITY LIMITS? YES NO 🕱	STAR ROUTE		30	20650
14. FA	THER'S NAME	M	IDDLE	LAST		15 MOTHER'S MAIDEN NA.	WE		LAST	
	JOHN		М.	STRANG		MAY			JOYNE	
	VAS DECEASED VES. NO OR UNKNOV NO	EVER IN U.S. ARA VN) (IF YES, GIVE	WAR OR DATEST	66 SOCIAL SECU 223-09-54		MRS. MAY L.	STRANGE, LI	PAR ROU EONARDI	TE, BO	X 30 D. 20650
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	gove rise to	immediate	(p)					HILL		
	couse (o), underlying		DUE TO, OR	AS A CONSEQUE	NCE OF					
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CAL CER		FY MEDICAL EXAMINER)	216, TIME OF HOUR A.M P.M	MONTH DA	YEAR	21¢ HOW INJURY OCCURI	RED (ENTER NATURE OF INJUR	Y IN ITEM 18 PAR	I OR PART 2)	
MEDICAL	WHILE AT WORK	CCURRED	21e PLACE O (AT HOME STREE	F INJURY 11. FACTORY, OFFICE, F	ARM, ETC)	211 LOCATION STREET	CITY OR TO	WN	COUNTY	STATE
	sow the d	not (1) (this hospite eceased alive an_ (we) (did) (did not	7-	1 19 8		d that in (my) (our) opinion	death occurred on the do	22 19 te and hour o	07	ot (I) (we) lost
	226 SIGNATUR		/	A		DEGREE			22c. DATE S	IGNED

ATTENDING

PHYSICIAN

22e ADDRESS

ROSEWOOD MEMORIAL PK.

23c NAME OF CEMETERY OR CREMATORY

II

236 DATE

7/3/87

EDWARD N. BRINSFIELD, JR., LEONARDTOWN, MD.

M.D.

MEDICAL

Leonardtown, Maryland

23d LOCATION CITY OR TOWN

STAFF

VIRGINIA BEACH.

250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

DIRECTOR PHYSICIAN

7-2-87

VIRGINIA

20650

Freha Davidson- Handelle

director, page 3 hours after death nerol 2 P cample offend or other certificate has been signed by please the burial-transit permit. Then pleas and Mental Hygiene prior to burial, morked on them 18 should be detached for use as with the State Dept. of Health TO FUNERAL DIRECTOR: MPORTANT BP.

BURIAL

24 FUNERAL DIRECTOR

230 BURIAL, CREMATION, REMOVAL

William D. Boyd

3 SEX

DHMH - 16 60M 7/84

(VRA 15, 4)

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060221 JUL 122 87 DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MD. 21201

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

MEDICAL	EXAMINER'S	CERTIFICATE	OF DEATH

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	T. DEC	EASED NAM		FIRST JOSEP	H S	SPENCER	WA	LLACE	3 2	OF ESTI- DEATH MATED			26 HOUR 87
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	(YE	s, no, or unkno	(NWC	(IF YES, GIVE W		214-18-			S. Wa		ar Rt		
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-		ACTUAL SIGNATURE,		W	7/4	week h	0	A.D. TITLE (SPECIFY	Z MEDI	CAL EXAMINER	DATE	ED 7/16	182
Y		EXAMINER'S (TYPE OR PRI						ADDRESS					
	(5)	IRIAL, CREMA PECIFY) BU INERAL DIREC	ria		DATE 7-18-87	Charle Garden	s Me	morial	Lec	cation rtown nardtow REGISTRAR 256 R	vn , St .	.Mary's	MD.

(VR A15 ME (5))

W. Clarke Mattingley, Leonardtown, MD.

FOR - STATE

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	HI 20	07	REGISTRAR				CENTI	ICAIL OI DEA		13 /	REG. NO.		the 6	4 8
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V	# /	,		I IF YES, GIVE	WAR OR DATES			James Ernest Wathen Ridge, Maryland						
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CEASED NAME FIRST MAT	WIDDLE		AST		MONTH DA	AY YEAR		
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emale	4. RACE White	5. DATE (5-1906 YEAR	6 AGE (IN YEARS LAST BIR	THDAY) II	FUNDER TYEAR	IF UNDER 24 HRS	
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ZAHIR Y	OUSAF		WALDORF,	M.D. 2	-	1		
surial, cremation, removal specify urial	7-13-1987			CITY OR TOWN	218	Calver AR'S SIGNATU	STATE	
	TYPIAND ITY OR TOWN OF DEATH CONTROL OF DEATH AL RESIDENCE (IF NURSING HOME O LITATE 13b. COU TYLAND CAL THER'S NAME FIRST 113m L. Walsh VAS DECEASED EVER IN U.S. AI RES. NO OR UNKNOWN) (IF YES, G) 18 CAUSE OF DEATH (Enter o PART I. DEATH WAS CAUSI IMMEDIA Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause lost. PART 2 OTHER SIGNIFICANT Chymic C 19a DATE OF OPERATION 21a, ACCIDENT WAS UNDERLYING (OR CONTRIBUTING (OR CON	TYLAND TY OR TOWN OF DEATH TY OR TOWN OF DEATH AL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENC ITATE TYLAND AL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENC ITATE TYLAND THER'S NAME FIRST MIDDLE THER'S NAME FIRST AND OR UNKNOWN) THE CAUSE OF DEATH (Enter only one couse per line for 10), PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (II) DUE TO, OR AS A CON CONDITIONS, if ony, which gove rise to immediate couse (II), stating the underlying couse lost. CONDITIONS THE COUSE OF OPERATION PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTION CONTRIBUTION THE CONDITION FOR VIOLENT OR CONDITION FOR VIOLENT OR CONTRIBUTION (IF EITHER NOTIFY MEDICAL EXAMINER) THE COUSE OF INJURY ALL WORK AT WORK AT WORK TO US ACCURED WHILE OF OPERATION THE ORIGINAL CREMENT ON THE DEATH HOUR A.M. MONT AT WORK AT WORK TO US ACCURED TO US ACCURATE ON THE DEATH OF THE COUSE OF THE COU	MARRIE TY OR TOWN OF DEATH ITY OR TOWN OF DEATH LEONARD TOWN LEONARD LAST MADDLE LAST LA	MARRIED NEVER MARRIED NEVER MARRIED NOT NOT NOT NOT DEATH NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION	WARRIED NEVER MARRIED St. 126 YOR TOWN OF DEATH NEVER MARRIED DWORCED St. 126 YOR TOWN OF DEATH NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION (TWO WAS FOR ACRES PARKETS PARKETS AND SENTENDESS) NO SPITAL INSTITUTION (TWO WAS FOR ACRES PARKETS AND SENTENDESS) NO SPITAL INSTITUTION (TWO WAS FOR ACRES PARKETS AND SENTENDESS) NO SPITAL INSTITUTION (TWO WAS FOR ACRES PARKETS AND SENTENDESS) NO SPITAL INSTITUTION (TWO WAS FOR ACRES PARKETS AND SENTENDESS) NO SPITAL INSTITUTION (TWO WAS FOR ACRES PARKETS AND SENTENDESS) NO SPITAL INSTITUTION (TWO WAS FOR ACRES PARKETS AND SENTENDESS) NO SPITAL INSTITUTION (TWO WAS FOR ACRES PARKETS AND SENTENDESS) NO SPITAL INSTITUTION (TWO WAS FOR ACRES PARKETS AND SENTENDESS) NO SPITAL INSTITUTION (TWO WAS FOR ACRES PARKETS AND SENTENDESS) NO SPITAL INSTITUTION (TWO WAS FOR ACRES PARKETS AND SENTENDESS) NO SPITAL INSTITUTION (TWO WAS FOR ACRES PARKETS AND SENTENDESS) NO SPITAL INSTITUTION (TWO WAS FOR ACRES PARKETS AND SENTENDESS) NO SPITAL INSTITUTION (TWO WAS FOR ACRES PARKETS AND SENTENDESS) NO SPITAL INSTITUTION (TWO WAS FOR ACRES PARKETS AND SENTENDESS) NO SPITAL INSTITUTION (TWO WAS FOR ACRES PARKETS AND SENTENDESS) NO SPITAL INSTITUTION (TWO WAS FOR ACRES PARKETS AND SENTENDESS) NO SPITAL INSTITUTION (TWO WAS FOR ACRES PARKETS AND SENTENDESS) NO SPITAL INSTITUTION (TWO WAS FOR ACRES PARKETS AND SENTENDESS PARKETS AND SENTENDESS PARKETS AND SENTENDESS PARKETS AND SENTENDESS PARKETS PARK	TYPIAND USA MARRED NEVER MARRIED ST. MATY'S MDOWED NEXT MARRIED ST. MATY'S MDOWED NEXT MARRIED NEVER MARRIED TO ROOK OF THE NESTITUTION OF BESIDENCE REPORT ALL NURSHING HOME OR OTHER INSTITUTION LEFT MUST NO HOME OF CHER NESTITUTION OF BESIDENCE REPORT ADMISSION HOME FOR COUNTY ST. MARRIED TARE ITALE ITALE	USA MARRIED NEW AMARRIED St. Mary's Country Valand USA MIDOWED DIVORCE The WIDOWED DIVORCE DIVORCE	

DHMH - 16 60M 7/84 (VRA 15, 4)

TO HOSPITAL OR ATTENDING PHYSICIAN: The low retained by the hospital or attending physicion.

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DHMH - 16 60M 7/84 (VRA 15, 4)

MPORTANT: If Item 21 is marked or Item 18 shows any injury, or other traumatic event, the medical EDA

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STATE OF MARYLAND

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	GISTRAR			CERTIF	ICATE OF	DEATH	8 7	REG. NO	0.0	1 44	5 0
	SED NAME FIRST	MIC	POLE	i	AST		20 DATE OF	DEATH	MONTH	DAY YEAR	26 HOUR
(TYPE OR PR	AGNE	S Enc	ola	WI	SE		July	7,	1987		12:55°
3. SEX	THE STATE OF THE S	4 RACE		S. DATE C			6 AGE IN YE	ARS LAST BIRT	HOAY)	IF UNDER I YEAR	# UNDER 24 HRS
F€	emale	White		Oct		1915	7	1	YRS	MONTHS DAYS	HOURS MIN.
	PLACE (STATE OR FOREIGN	Th CITIZEN OF W	HAT COUNTRY?	1	NEVER		9 BALTIMOR	RE CITY O	R COUNT	Y OF DEATH	
COUNT	MD.	U.S.	Δ	WIDOWE		MARKIED :	St	Marv	10		M
10 CITY O	OR TOWN OF DEATH	11. NAME OF HO	SPITAL, NURSIN	IG HOME C			12ª USUAL C	CCUPATK	ON		OF BUSINESS OF
Tiec	onardtown		ACILITY, GIVE STREET		al		(TYPE OF WORK	FOR MOST OF	- WORKING L	IFE) INDUSTRY	
	SIDENCE (IF NURSING HOME OF	OTHER INSTITUTION, GI	VE RESIDENCE BEFORE	AOMISSION)			La croser a	22255	710.000	-	
130. 31 AT			Great N		13d. INSIDE (NO T	13e.STREET A	BOY			650
14 FATHE	R'S NAME			11112		S MAIDEN NA		BOX	23	7 20	030
	Frank	MIDDLE	LAST			FIRST		WIODLE		LA	
In WAS	DECEASED EVER IN U.S. AR	MED FORCES?	Twille		17 INFORM	Lena		ADDRE	\$S _	Moc	
	O OR UNKNOWN) (IF YES, GIV	E WAR OR OATES)							\$\$346	4 Kiov	va
	No		214-36-		Calv	in Vin	cent	Wise	Apr	le Val	TAA A TE DISPLECT / A .
18_0	CAUSE OF DEATH (Enter or PART I. DEATH WAS CAUSE	ly one couse per li	ne for (0), (b), on	d (cu)	1		Λ.	/	00 10	BETWEEN	92308
	IMMEDIA?	E CAUSE (0) C'C	Jee CM	akc	mi	Mas	S 4	A. K.	531		92300
		DUE TO, OR	AS A CONSEQUE	NCE OF		1 0	1	. ,			
	anditions, if ony, which	(b)	11/10	1001	120	6	106	\sim			
CO	use (0), stoting the derlying cause lost	DUE TO, OR	AS A CONSEQUE	NCE OF							
		(c)									
	RT 2. OTHER SIGNIFICANT	CONDITIONS CON	TRIBUTING TO	DEATH BUT	NOT RELATE	TO THE TERM	INAL DISEASE	OR CONE	DITION GI	IVEN IN PART 1	0
CERTIFICATION 19a	01000	E I	JEU	11U	> `	20	20a AUTO	DCV2	Tank IF VE	S, WERE FINDI	10011050
2 19a	DATE OF OPERATION	198 CONDIII	ON FOR WHICH	OPERATIO	N WAS PERF	DKWED	200 AUTO			IFYING CAUSES	
							YES 🗌	NO		ES 🗌	NO 🗌
200	ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DE	1 110110 4 44	MONTH D	AY YEAR	21c. HOW I	NJURY OCCUR	RED (ENTERNAT	URE OF INJUR	RY IN ITEM 18	PART I OR PART 2)	
S C	FEITHER NOTIFY MEDICAL EXAMINE			19							
MEDICAL 18	INJURY OCCURRED	21e. PLACE OF	FINJURY	ARM ETC)	211 LOCAT			CITY OR TO	WN	COUNTY	STATE
- VV	HILE NOT WHILE O										
220.	1 certify that (I) (this hospi	tol) ottended the	deceased from_				, to			, 19	that (I) (we) las
	sow the deceased alive on above, (I) (we) (did) (did no	ti view and barry of	ter dooth.	or, or	nd that in (my	(our) opinion	deoth occurred	d on the do	ote and ha	our and from the	couses stated
72b.	SIGNATURE	1111	1	1	DEGREE					22c DATE	SIGNED
	6	exe	00/			PHYSICIAN [MEDICAL DIRECTOR [STAF			
22d	PHYSICIAN'S NAME (TYPE O	PR PRINTI	0.4		22e ADDRE	SS	130	- 1			
	Nound	m. K	. Sh	1		Leonar	dtown	, Md			
	AL, CREMATION, REMOVAL	23b. DATE	23c. h	NAME OF C	EMETERY OR	CREMATORY	23d. LOCA				
ISPECI	Burial	7-9-87	St.	Geo	rge II	nit.Me		ORTOWN		1 T - C	STATE TM MD
	RAL DIRECTOR	, , , , , ,	Į D C	. 000.	ye U	25g DAT	E REC'D. BY RI	GEOT	256 REGIS	STRAR'S SIGNA	
TaT	Clawle Mat		AOORESS			HH.	135	187	fulis .	Sinder-	-
107	CIDALICA MAL	+	T					~ .		•	

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